Schedule E)		PAGE 1 OF 67 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New rep	port Amends report	
Full Name of Payee Bradley K Kissinger		Date of Public Distribution/Dissemination
,		07 16 2014
Mailing Address 3113 Imperial Valley Dr.		Amount
City State	Zip Code	50.00
Little Rock AR	72212	Transaction ID : 8dfd4a42-9e22-4186-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support C	Office Sought: House District: 00
Mr. Mark L Pryor	Oppose	President State: AR State:
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary X General 014 Other (specify) ▶
Full Name of Payee  Bradlay K Kissinger		Date of Public Distribution/Dissemination
Bradley K Kissinger		07 16 2014
Mailing Address 3113 Imperial Valley Dr.		Amount
City State	Zip Code	6.30
Little Rock AR	72212	Transaction ID: 0b0aa190-6b8a-4e76-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	07 16 / Y Y Y Y Y Y
Name of Federal Candidate	Support C	Office Sought: House District: 00
Mr. Mark L Pryor	Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
		5000
(a) SUBTOTAL of Itemized Independent Expenditures	)	56.30
(b) SUBTOTAL of Unitemized Independent Expenditures	)	
(c) TOTAL Independent Expenditures	)	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	•
	nically Filed] Date	07 18 2014
Signature		

Schedule E)	I EXI END	II OILEO		PAGE 2 OF 67 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee			Data of	Dublic Distribution/Discomination
Lorri Anderson			M	Public Distribution/Dissemination  17
Mailing Address 7214 Duchamp Dr			Amount	
City	State	Zip Code		20.00
Charlotte	NC	23215		ction ID : 2bcc2974-5949-4f5b-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		7 16 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	Presiden	NO.
Calendar Year-To-Date Per Election for Office Sought	,	162785.49	Disbursement 2014 Oth	For: Primary X General Primary Primary Representation of the control of the cont
Full Name of Payee			Date of	Public Distribution/Dissemination
Lorri Anderson				M / D D / Y Y Y Y
Mailing Address 7214 Duchamp Dr				07 16 2014
7214 Duchamp Di			Amount	
City	State	Zip Code		2.40
Charlotte  Purpose of Expanditure	NC	23215	Transac Date of	tion ID : c4c72d08-c18a-4d89-9 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		7 16 7 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	, , ,	162785.49	Disbursement 2014 Oth	For: Primary X General ner (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditure	<b>∍</b> S		•	22.40
(b) SUBTOTAL of Unitemized Independent Expendi	tures		· •	7 1 7 1 7
(c) TOTAL Independent Expenditures			· •	7 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	9 07	18 2014
Signature		_		

			FOR SE OF FORM 24/48	3
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	R ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour re	eport New repo	ort Amends repor	t filed on M M / D D / Y Y Y	Y
Full Name of Payee			Date of Public Distribution/Dissemination	n
James Kindstedt			07 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Υ
Mailing Address 5510 Dogwood Dr			Amount	
City	State	Zip Code	22.5	0
Winston Salem	NC	27105	Transaction ID : de0899bc-f27f-4f12-a Date of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	07 16 Y 2014	Y
Name of Federal Candidate		Support	Office Sought: House District:00	)
Ms. Kay Hagan		X Oppose	President State: NC	
Calendar Year-To-Date Per Election for Office Sought	1	62785.49	Disbursement For: Primary	eral
Full Name of Payee				_
James Kindstedt			Date of Public Distribution/Disseminatio	
Mailing Address 5510 Dogwood Dr			Amount	_
City	State	Zip Code	12.96	
Winston Salem	NC	27105	Transaction ID: bb407cc3-db32-433c-b Date of Disbursement or Obligation	)
Purpose of Expenditure Mileage		Category/ Type 002	07 16 7 2014	Y
Name of Federal Candidate		Support	Office Sought: House District: 0	0
Ms. Kay Hagan		X Oppose	President State: NC	<u> </u>
Calendar Year-To-Date Per Election for Office Sought		162785.49	Disbursement For:  Primary	eral
(a) SUBTOTAL of Itemized Independent Ex	xpenditures		35.46	
(b) SUBTOTAL of Unitemized Independent	Expenditures		·	
(c) TOTAL Independent Expenditures			·	
	y candidate or authorized		not made in cooperation, consultation, or conceither, or (if the reporting entity is not a politic	
Ms. Emily Buchanan	[Electroni	cally Filed] Date	07 18 2014	
Signature				

PAGE

OF

Schedule E)	XF LIND	ITOTILS		PAGE 4 OF 67 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed o	on M = M / D = D / Y = Y = Y
Full Name of Payee				Date of Public Distribution/Dissemination
Luke T Waltermire				07 16 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 107 S Grist Mill Rd				Amount
City Stat	ite	Zip Code		30.00
Hampstead NC		28443		Transaction ID : f301dae7-c588-402c-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		07   16   Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office	Sought: House District: 00
Ms. Kay Hagan		X Oppose		President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	62785.49	Disburs 2014	sement For: Primary X General  Other (specify) ▶
Full Name of Payee				Date of Public Distribution/Dissemination
Luke T Waltermire				07 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 107 S Grist Mill Rd				Amount
City Stat	ute	Zip Code		14.70
Hampstead NC	С	28443	1	Fransaction ID : 5f24ecb1-88f4-4538-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		07 16 7 2014
Name of Federal Candidate		Support	Office	Sought: House District: 00
Ms. Kay Hagan		X Oppose		President State: NC
Calendar Year-To-Date Per Election for Office Sought		162785.49	Disbur 2014	sement For:  Primary
				Cutor (specify)
(a) SUBTOTAL of Itemized Independent Expenditures				44.70
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures			·· •	
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	e 07	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			9	

Schedule E)	LIVI EXI END	HONES	PAGE 5 OF 67 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Joanna Kindstedt			07 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2134 Tobaccoville Rd			Amount
City	State	Zip Code	22.50
Rural Hall	NC	27045	Transaction ID: 490c341c-2a32-44f2-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 16 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,.,	162785.49	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Anthony Buchanan			07 16 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1090 McHone Rd			Amount
City	State	Zip Code	70.00
Spruce Pine	NC	28777	Transaction ID : d5634261-f4eb-45a0-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 16 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	-, -,	162785.49	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		92.50
(b) SUBTOTAL of Unitermized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	ndidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
J.g			

Schedule E)		10.120		PAGE 6 OF 67 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	X New repo	rt Amends repo		M / D D / Y Y Y Y Y
Full Name of Payee Virginia M Stevens				f Public Distribution/Dissemination
Mailing Address 1691 Fork Mtn Rd				07 16 2014
C'I.		71- 0-40		60.00
1 ,		Zip Code 28705		60.00 action ID : f6efef83-82b4-47dd-8 f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	07 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	1	Support	Office Sought	: House District: 00
Ms. Kay Hagan		X Oppose	Preside	nt Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	16	62785.49	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Full Name of Payee Virginia M Stevens  Mailing Address 1691 Fork Mtn Rd			М	of Public Distribution/Dissemination  07
City	State	Zip Code		12.60
1 '	NC	28705		ction ID : 2863e274-289e-43f7-8 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	07 16 7 2014
Name of Federal Candidate		Support	Office Sought	t: House District: 00
Ms. Kay Hagan		X Oppose	Preside	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		162785.49	Disbursement 2014 Ot	t For: Primary X General ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			· [	72.60
(b) SUBTOTAL of Unitemized Independent Expenditures	s		•	
(c) TOTAL Independent Expenditures	<u> </u>		· .	
Under penalty of perjury I certify that the independent exists, or at the request or suggestion of, any candidate comparty committee) any political party committee or its age	or authorized			
Ms. Emily Buchanan	[Electronic	cally Filed] Date	07 /	18 2014
Signature				

Schedule E)	PENT EXICINE	TIONES	PAGE 7 OF FOR SE OF FORM 24/	67 ′48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	ER▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	rt filed on	Υ
Full Name of Payee			Date of Public Distribution/Disseminat	tion
Solveig Lysne			07 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
Mailing Address 7121 Oyster Lane			Amount	
City	State	Zip Code	11	.70
Wilmington	NC	28411	Transaction ID: 6fd3dc5e-9988-4279 Date of Disbursement or Obligation	9-9
Purpose of Expenditure Salary		Category/ Type 001	07 16 Y Y 2014	
Name of Federal Candidate		Support	Office Sought: House District:	00
Ms. Kay Hagan		X Oppose	Tresident State.	NC
Calendar Year-To-Date Per Election for Office Sought	7	162785.49	Disbursement For: Primary X Ge 2014 Other (specify) ▶	neral
Full Name of Payee			Date of Public Distribution/Disseminat	tion
Solveig Lysne			07	
Mailing Address 7121 Oyster Lane			Amount	
City	State	Zip Code	5.6	64
Wilmington	NC	28411	Transaction ID : 50814189-b3a6-4bc9 Date of Disbursement or Obligation	-b
Purpose of Expenditure Mileage		Category/ Type 002	07 16 Y Y 2014	Y Y
Name of Federal Candidate		Support	Office Sought: House District:	00
Ms. Kay Hagan		X Oppose	President Senate State:	NC
Calendar Year-To-Date Per Election for Office Sought	7	162785.49	Disbursement For: Primary X Ge 2014 Other (specify) ▶	eneral
(a) SUBTOTAL of Itemized Independent Exper	ditures		17.34	
, , ,			7 7 7	
(b) SUBTOTAL of Unitemized Independent Exp	enditures		<b>&gt;</b>	
(c) TOTAL Independent Expenditures			<b>•</b>	
Under penalty of perjury I certify that the inder with, or at the request or suggestion of, any caparty committee) any political party committee	ndidate or authorize			
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 18 2014	
Signature				

Sc	hedule E)		1101120		PAGE 8 OF 67 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
 Che	eck if 24-hour report X 48-hour report N	New rep	port Amends repo	ort filed o	n M = M / D = D / Y = Y = Y
Т	Full Name of Payee				Date of Public Distribution/Dissemination
	Felice Barrett				07 16 2014
	Mailing Address 1588 Asbury				Amount
ŀ	City State		Zip Code		30.00
	Springdale AR		72762		Transaction ID : 4e6c2951-8196-4a1c-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		07
ı	Name of Federal Candidate		Support	Office S	Sought: House District: 00
	Mr. Mark L Pryor		Oppose		President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		22570.83	Disburs 2014	sement For: Primary X General Other (specify) ▶
	Full Name of Payee Felice Barrett				Date of Public Distribution/Dissemination
-	Mailing Address 1588 Asbury				07 16 2014
	1300 ASDUIY				Amount
Ī	City State		Zip Code		9.30
	Springdale AR		72762		ransaction ID : 09a0378a-5114-4815-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		07 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ī	Name of Federal Candidate		Support	Office	Sought: House District: 00
	Mr. Mark L Pryor		X Oppose	F	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		22570.83	Disburs 2014	sement For:
,	(a) SUPTOTAL of Itamized Independent Evpenditures			. [	20.20
(	(a) SUBTOTAL of Itemized Independent Expenditures			·· • [	39.30
(	(b) SUBTOTAL of Unitemized Independent Expenditures			·· •	1 4 1 4 1 4
(	(c) TOTAL Independent Expenditures			▶	
٧	Under penalty of perjury I certify that the independent expervith, or at the request or suggestion of, any candidate or autoraty committee) any political party committee or its agent.				
	Ms. Emily Buchanan	Electron	nically Filed] Date	e 07	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature		_		

Sched	lule E)	EXI END	101120		PAGE 9 OF 67 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wom	nen Speak Out PAC				C C00530766
Check i	f 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y D Y D Y
Full	Name of Payee onathan Odette				of Public Distribution/Dissemination
Mai	ling Address 9600 Earpsboro Chamblee Road			Amou	07 16 2014 nt
City	,	Ctoto	Zin Codo		50.00
City	endell	State NC	Zip Code 27591		50.00 action ID : dfd32b06-a1f4-4110-8 of Disbursement or Obligation
	pose of Expenditure lary		Category/ Type 001		07 16 7 2014
Nan	ne of Federal Candidate		Support	Office Sough	t: House District: 00
Ms	. Kay Hagan		X Oppose	Preside	NC NC
	Calendar Year-To-Date Per Election for Office Sought	, 1	62785.49	Disbursemen 2014 O	t For: Primary X General
Jc	Name of Payee onathan Odette  lling Address 9600 Earpsboro Chamblee Road				of Public Distribution/Dissemination  07
City		State	Zip Code		10.80
	endell	NC	27591	Transa Date	ction ID : ec39661c-cbe3-46b4-b of Disbursement or Obligation
	pose of Expenditure leage		Category/ Type 002	TV	07 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Nar	ne of Federal Candidate		Support	Office Sough	t: House District: 00
Ms	. Kay Hagan		Oppose	Preside	ent X Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	,	162785.49	Disbursemen 2014 O	t For:
(a) S	SUBTOTAL of Itemized Independent Expenditures	3		•	60.80
(b) S	SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) 1	TOTAL Independent Expenditures			•	7 1 7 1 7
with,	er penalty of perjury I certify that the independer or at the request or suggestion of, any candidat committee) any political party committee or its a	e or authorized			
_	Ms. Emily Buchanan	[Electron	ically Filed] Date	07	18 2014
S	ignature				

Schedule E)	<b>L</b> /(. L.(.).	1101120		PAGE 10 OF 67 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M
Full Name of Payee			Date	of Public Distribution/Dissemination
Amanda Boley				07 16 2014
Mailing Address Split Oak Drive			Amou	nt
City	State	Zip Code		64.50
charlotte	NC	28227		saction ID : f8b7dfbe-ff49-4f4d-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		07 16 / 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		58332.38	Disbursemen 2014	nt For: Primary X General Sther (specify) ▶
Full Name of Payee			Date	of Public Distribution/Dissemination
Amanda Boley				07 16 2014
Mailing Address Split Oak Drive				07 10 2014
			Amou	ınt
City	State	Zip Code		36.87
	NC	28227	<b>Transa</b> Date	action ID: e7d9a6f0-2088-4ff0-b of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		07 16 7 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms. Mary L Landrieu		Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought		58332.38	Disbursemer 2014	nt For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures			·· •	101.37
(b) SUBTOTAL of Unitemized Independent Expenditure	)S		· •	7
(c) TOTAL Independent Expenditures			· -	7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	e 07	18 2014
Signature				

							FOR SE OF	FORM 24/48
	MITTEE (In Full)					FEC I	IDENTIFICATIO	N NUMBER ▼
vvomen S	peak Out PAC					С	C00530766	
Check if 2	-hour report X 48-hour report	New repor	t Am	ends repo		M = M	/ D D /	Y I Y I Y I Y
Full Name					Date	of Publ	lic Distribution/l	Dissemination
	Burkhart				[	07	16	2014
Mailing Add	ess 3126 Chester Ct				Amo	unt		
City	Sta	ate Z	Zip Code		— r			50.00
Metairie	L		70006				ID: 3bbee4a5 oursement or O	
Purpose of Salary	Expenditure		Category/ Type	001		07	16	2014
Name of Fe	deral Candidate			Support	Office Soug	ht:	House	District: 00
Ms. Mary L	Landrieu			Oppose	Presid	L	Senate	State: LA
	ar Year-To-Date ction for Office Sought	5	8332.38		Disburseme		Primary pecify) ►	X General
Full Name David F  Mailing Add	ord					of Pub	lic Distribution/	Dissemination 2014
011						-	<del></del>	
City Spindale	Ste N	_	Zip Code 28160				ID : 4b828bce-	
Purpose of Salary	Expenditure		Category/ Type	001		07 M	oursement or C	2014
Name of Fe	deral Candidate			Support	Office Soug	ıht:	House	District: 00
Ms. Kay Ha	gan		X	Oppose	Presi	dent	Senate	State: NC
	ar Year-To-Date ection for Office Sought		162785.4	9	Disburseme 2014		Primary	General
(a) SUBTOT	AL of Itemized Independent Expenditures				•	-7		112.50
(b) SUBTOT	AL of Unitemized Independent Expenditures				•	7		
(c) TOTAL	dependent Expenditures				• [		7	
with, or at th	of perjury I certify that the independent experience request or suggestion of, any candidate or ee) any political party committee or its agen	authorized of						
	Ms. Emily Buchanan	[Electronic	ally Filed]	Date	M M /	18	201	
Signature								

PAGE

OF

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 12 OF 67 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
David Ford			07
Mailing Address 106 Hillside St			Amount
City	State	Zip Code	7.02
Spindale	NC	28160	Transaction ID : 35f42246-d6b3-4ff0-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	,,,,	162785.49	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Caleb Craig			07 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1410 Bushville drive			Amount
City	State	Zip Code	50.00
Lenoir	NC	28645	Transaction ID: 578d2c45-3d56-4d3c-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 16 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		162785.49	Disbursement For:  Primary  General  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		57.02
			7 7
(b) SUBTOTAL of Unitemized Independent Expe	enditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			<b>•</b>
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 18 2014
Signaturo			

Schedule E)	JENT EXILINE	TIONES	PAGE 13 OF 67 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Caleb Craig			07
Mailing Address 1410 Bushville drive			Amount
City	State	Zip Code	6.00
Lenoir	NC	28645	Transaction ID : ef61ce1e-a2be-4b0b-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	162785.49	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Ralphie Lockhart			07 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6310 Col Glenn Rd			Amount
City	State	Zip Code	30.00
Little Rock	AR	72204	Transaction ID: 86ae7595-9a12-4267-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		22570.83	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		36.00
(b) SUBTOTAL of Unitemized Independent Ex	oenditures		<b>)</b>
(c) TOTAL Independent Expenditures			<b>•</b>
	indidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 18 2014
5.g.10.010			

Schedule E)	INT EXICINE	TI OTILO	PAGE 14 OF 67 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	rt filed on		
Full Name of Payee			Date of Public Distribution/Dissemination
Sharon Lloyd			07 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4301 Lankford			Amount
City	State	Zip Code	30.00
Springdale	AR	72762	Transaction ID : c8748bf8-721a-45c4-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 16 / Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		22570.83	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Sharon Lloyd			07 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4301 Lankford			Amount
City	State	Zip Code	1.20
Springdale	AR	72762	Transaction ID : fbdc7767-7055-4e3d-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 16 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		22570.83	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		31.20
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			•
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

Schedule E)	DEIVI EXI EIVD	TIONES	PAGE 15 OF 67 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	t filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Damian B Robinson			07 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 701 Green Mountain Dr			Amount
Apt 1312			
City	State	Zip Code	30.00
Little Rock	AR	72211	Transaction ID : 664c0107-0769-4330-b  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought	.,,,,	22570.83	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Damian B Robinson			07 16 2014
Mailing Address 701 Green Mountain Dr			A
Apt 1312			Amount
City	State	Zip Code	13.50
Little Rock	AR	72211	Transaction ID : fbede7a7-14d6-42d9-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	-,-,	22570.83	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expe	nditures		43.50
(b) SUBTOTAL of Unitemized Independent Ex	penditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			-
	andidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 18 2014
5.g. (a.a.)			

Scl	hedule E)				PAGE 16 OF 67 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	eck if 24-hour report X 48-hour report Ne	w rep	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Т	Full Name of Payee			Di	ate of Public Distribution/Dissemination
	Larry Freeman				07 16 2014
Ĭ	Mailing Address 11214 Mesa drive			Aı	mount
ŀ	City State		Zip Code		30.00
	Little rock AR		72211		ransaction ID : 2c155b95-e701-4fde-9 ate of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ì	Name of Federal Candidate		Support	Office Sc	ought: House District: 00
	Mr. Mark L Pryor		X Oppose		esident Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		22570.83	Disburse 2014	ment For:
ſ	Full Name of Payee Ms. Ashlen Sandoz			D	Pate of Public Distribution/Dissemination
					07 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 204 Ranger Place			А	mount
ŀ	City State		Zip Code	-+	15.00
	Slidell LA		70115		ansaction ID : 4fad4925-02ef-4b08-9 late of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		M 07 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate		Support	Office So	ought: House District: 00
	Ms. Mary L Landrieu		Oppose	Pre	resident Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		58332.38	Disburse 2014	ement For:
(;	a) SUBTOTAL of Itemized Independent Expenditures			[	45.00
				, F	
(	b) SUBTOTAL of Unitemized Independent Expenditures			· •	7 7 7
(	c) TOTAL Independent Expenditures			•	1 1 7 1 1 7 1 1 7
W	Under penalty of perjury I certify that the independent expend with, or at the request or suggestion of, any candidate or authorarty committee) any political party committee or its agent.				
	Ms. Emily Buchanan	lectron	nically Filed] Date	07	18 2014
	Signature		_		

Schedule E)	EXI ENDII	01120		PAGE 17 OF 67 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼		
Women Speak Out PAC			С	C00530766		
Check if 24-hour report X 48-hour report	New report	: Amends repo	rt filed on	/ D = D / Y = Y = Y		
Full Name of Payee Danielle Landry			M = M	ic Distribution/Dissemination		
Mailing Address 1089 Oleste Tauzin Road			Amount	16 2014		
City	State Z	ip Code		21.50		
Breaux Bridge		0517		ID: 2328454f-bd92-4290-b oursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	07	16 / 2014		
Name of Federal Candidate	ı	Support	Office Sought:	House District: 00		
Ms. Mary L Landrieu		Oppose	- [	Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought	58	3332.38	Disbursement For: 2014 Other (s	Primary X General pecify) ▶		
Full Name of Payee			Date of Pub	lic Distribution/Dissemination		
Danielle Landry			07	16 2014		
Mailing Address 1089 Oleste Tauzin Road			Amount	10 2014		
City	0	in Code		7.80		
City S Breaux Bridge	State Zip Code LA 70517			Transaction ID : 1f814a84-552e-402e-9 Date of Disbursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	M 07	16 2014		
Name of Federal Candidate		Support	Office Sought:	House District:00		
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		58332.38	Disbursement For: 2014 Other (s	Primary X General specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			<b>•</b>	29.30		
(b) SUBTOTAL of Unitemized Independent Expenditure	es		<b>&gt;</b>	490 1 450		
(c) TOTAL Independent Expenditures			<b>•</b>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized c					
Ms. Emily Buchanan	[Electronica	ully Filed] Date	07 / 18	2014		
Signature						

Schedule E)	JENT EXILINE	TIONES	PAGE 18 OF 67 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼				
Women Speak Out PAC			C C00530766				
Check if 24-hour report X 48-hour report	neck if 24-hour report X 48-hour report New report Amends report filed on						
Full Name of Payee			Date of Public Distribution/Dissemination				
Ralph Smith			07 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 2090 Fancy Gap Rd			Amount				
City	State	Zip Code	25.00				
Mt. Airy	NC	27030	Transaction ID: e20bec0a-7d38-423d-b Date of Disbursement or Obligation				
Purpose of Expenditure Salary		Category/ Type 001	07				
Name of Federal Candidate		Support	Office Sought: House District:00				
Ms. Kay Hagan		X Oppose	President Senate State: NC				
Calendar Year-To-Date Per Election for Office Sought	7	162785.49	Disbursement For:				
Full Name of Payee			Date of Public Distribution/Dissemination				
Ralph Smith			07				
Mailing Address 2090 Fancy Gap Rd			Amount				
City	State	Zip Code	4.65				
Mt. Airy	NC	27030	Transaction ID : ee6475d4-b654-47f8-a Date of Disbursement or Obligation				
Purpose of Expenditure Mileage		Category/ Type 002	07 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate		Support	Office Sought: House District: 00				
Ms. Kay Hagan		X Oppose	President Senate State: NC				
Calendar Year-To-Date Per Election for Office Sought		162785.49	Disbursement For:  Primary  General  2014  General  Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent Exper	nditures		29.65				
(b) SUBTOTAL of Unitemized Independent Exp	oenditures		<b>&gt;</b>				
(c) TOTAL Independent Expenditures			<b>•</b>				
	indidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political				
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 18 2014				
J.g							

Schedule E)		DITOTILO	PAGE 19 OF 67 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼				
Women Speak Out PAC			C C00530766				
Check if 24-hour report X 48-hour report	neck if 24-hour report X 48-hour report New report Amends report filed on						
Full Name of Payee			Date of Public Distribution/Dissemination				
Lily Green			07 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 205 Medallion Circle			Amount				
City	State	Zip Code	40.00				
Shreveport	LA	71119	Transaction ID : 7c793251-507c-4091-b Date of Disbursement or Obligation				
Purpose of Expenditure Salary		Category/ Type 001	07				
Name of Federal Candidate		Support	Office Sought: House District:00				
Ms. Mary L Landrieu		X Oppose	President Senate State: LA				
Calendar Year-To-Date Per Election for Office Sought		58332.38	Disbursement For:  Primary  General  General  Other (specify) ▶				
Full Name of Payee			Date of Public Distribution/Dissemination				
Lily Green			07 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 205 Medallion Circle			Amount				
City	State	Zip Code	12.60				
Shreveport	LA	71119	Transaction ID : 7c2861ca-54c2-4732-b Date of Disbursement or Obligation				
Purpose of Expenditure Mileage		Category/ Type 002	07 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate		Support	Office Sought: House District:00				
Ms. Mary L Landrieu		X Oppose	President Senate State: LA				
Calendar Year-To-Date Per Election for Office Sought		58332.38	Disbursement For:  Primary  General 2014  Gther (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expend	itures		52.60				
			7 7 7				
(b) SUBTOTAL of Unitemized Independent Expe	nditures		- •				
(c) TOTAL Independent Expenditures			·				
	didate or authoriz		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political				
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 18 2014				
s.g							

Schedule E)				PAGE 20 OF 67 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEG	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour repor	t New repo	ort Amends repo	rt filed on	/ D D / Y D Y D Y
Full Name of Payee Barbara A Williams			Date of P	ublic Distribution/Dissemination
Mailing Address 3002 Darden Rd			07 Amount	16 2014
Apt A			7 till Call	
City	State	Zip Code		47.00
Greensboro	NC	27407		on ID: 1c58a611-d64e-4763-8 isbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07	/ 16 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	162785.49	Disbursement Fo 2014 Other	r: Primary X General (specify) ▶
Full Name of Payee Elizabeth M Woodard			Date of P	ublic Distribution/Dissemination
Maritimer Address			07	16 / 2014
502 W Lagie St			Amount	
Apt 8	State	Zip Code		15.00
Fayetteville	AR	72701	Transaction Date of D	on ID : a8520faf-7657-4b36-9 isbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07	16 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		22570.83	Disbursement Fo	or: Primary X General  (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures			62.00
(b) SUBTOTAL of Uniternized Independent Ex	nenditures			
(a) Control of Cimemized Independent Ex	portantaros illinininin			4
(c) TOTAL Independent Expenditures			<b>•</b>	7 7
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	07 / 1	18 2014
Signature		_		

Sch	hedule E)	<b>L</b> /(1 <b>L</b> /(2)					PAGE 21 OF 67 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC					C	C00530766
Che	ck if 24-hour report X 48-hour report	New repo	ort Ame	nds repo	rt filed on	= M /	D = D / Y = Y = Y
Ţ	Full Name of Payee Elizabeth M Woodard					- M /	c Distribution/Dissemination
	Mailing Address 982 W Eagle St				Amou	07 nt	16 2014
	Apt 8	21.1.	7' O de				0.00
- 1	City Fayetteville	State AR	Zip Code 72701				6.60 <b>D : 4f174191-5088-4d6b-9</b> Irsement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		07 /	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
$\mathbf{h}$	Name of Federal Candidate			upport	Office Sough	+-	House District: 00
	Mr. Mark L Pryor			ppose	Preside	_	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	, ,	22570.83		Disbursemer 2014	t For: ther (sp	Primary ☐ General
	Full Name of Payee  Matthew Manuel  Mailing Address 1392 Lee Street					of Public	Distribution/Dissemination
	1392 Lee Street				Amou	nt	
	City	State	Zip Code				30.00
	Ville Platte	LA	70586			of Disbu	D: b0ac6fbf-f54f-4f61-9 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		07 /	16 / 2014
	Name of Federal Candidate		Sı	upport	Office Sough	nt:	House District:00
	Ms. Mary L Landrieu		Xo	ppose	Presid	ent $\sum$	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	, ,	58332.38		Disbursemer 2014		Primary
(a	a) SUBTOTAL of Itemized Independent Expenditures	\$			· [		36.60
(k	b) SUBTOTAL of Unitemized Independent Expenditure	ires				- 40	
(0	c) TOTAL Independent Expenditures				•		4 1 4
W	Under penalty of perjury I certify that the independent into or at the request or suggestion of, any candidate arty committee) any political party committee or its a	e or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	M = M /	18	/ Y Y Y Y Y Y Y 2014
	Signature						

	Siledule Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC	C C00530766
Ch	neck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Matthew Manuel	07 16 7 2014
	Mailing Address 1392 Lee Street	Amount
	City State Zip Code	14.40
	Ville Platte LA 70586	Transaction ID : 4b771995-a149-46f9-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	07 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General
		Other (specify)
	Full Name of Payee Sean B Hicks	Date of Public Distribution/Dissemination
	Mailing Address 44 McDowell Drive	07 16 2014 Amount
	City State Zip Code	40.00
	Wake Forest NC 27587	Transaction ID : 996a1dbf-fc68-4663-9
	Purpose of Expenditure Salary  Category/ Type 001	Date of Disbursement or Obligation  07  16  2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
		President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General  Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	54.40
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	TT 4 1 T 1 1 1 -	7 18 2014
	Signature	للنتا لتا ل

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OF

Schedule E)	LIVI EXI EIVE	TIONES	PAGE 23 OF 67 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	rt filed on		
Full Name of Payee			Date of Public Distribution/Dissemination
Sean B Hicks			07
Mailing Address 44 McDowell Drive			Amount
City	State	Zip Code	2.40
Wake Forest	NC	27587	Transaction ID : 2a163309-c28c-4b17-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	162785.49	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Ethan Cranford			07 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2012 Caleb Drive			Amount
City	State	Zip Code	20.00
Searcy	AR	72143	Transaction ID : 6ec24462-81ef-41f3-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 16 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		22570.83	Disbursement For:  Primary  General  2014  General
(a) SUBTOTAL of Itemized Independent Expen	ditures		22.40
(b) SUPTOTAL of Unitamized Independent Eve	andituras		
(b) SUBTOTAL of Unitermized Independent Exp	enditures		
(c) TOTAL Independent Expenditures			<b>•</b>
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Sc	hedule E)	L/(1 L.(12)	10.120				PAGE 24 OF 67 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC					С	C00530766
Che	eck if 24-hour report X 48-hour report	New repo	ort Ame	nds repo	rt filed on	- M /	D = D / Y = Y = Y
T	Full Name of Payee Ethan Cranford					M /	Distribution/Dissemination
-	Mailing Address 2012 Caleb Drive				Amou	07 nt	16 2014
-	City	State	Zip Code				79.11
	Searcy	AR	72143				<b>D : b482f8b3-32ea-4078-9</b> Irsement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		07 /	16 / 2014
ı	Name of Federal Candidate		Sı	upport	Office Sough	t:	House District:00
	Mr. Mark L Pryor			ppose	Preside	_	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		22570.83		Disbursemer 2014	t For: ther (sp	Primary
	Full Name of Payee Phillip Williams					of Public	Distribution/Dissemination  16 2014
	Mailing Address 3007 Darden Rd				Amou	nt	
ľ	City	State	Zip Code				57.50
		NC	27407		Transa Date	of Disbu	D: 61e46a9a-76ff-4e56-a ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		07 <sup>M</sup>	16 / 2014
	Name of Federal Candidate		Sı	upport	Office Sough	nt:	House District: 00
	Ms. Kay Hagan		X o	ppose	Presid	ent $\sum$	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		162785.49		Disbursemer 2014		Primary
(	(a) SUBTOTAL of Itemized Independent Expenditures				· [		136.61
(	(b) SUBTOTAL of Unitemized Independent Expenditure	əs				1 4	
(	(c) TOTAL Independent Expenditures				•	1 7	45.
٧	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its agr	or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	07	18	2014
	Signature						

Schedule E)	VI EXI END	TIONEO		PAGE 25 OF 67 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	/ D D / Y N Y N Y N
Full Name of Payee Phillip Williams			М - М	blic Distribution/Dissemination
Mailing Address 3007 Darden Rd			Amount	16 2014
City	State	Zip Code		9.60
Greensboro	NC	27407		n ID : ac9df2ba-d92c-46eb-9
Purpose of Expenditure Mileage		Category/ Type 002	M 07	16 Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	162785.49	Disbursement For 2014 Other	: Primary X General
Full Name of Payee			Date of Pu	blic Distribution/Dissemination
Beverly Williams			M = M 07	16 2014
Mailing Address 3007 Darden Rd			- 0,	10 2011
			Amount	
City	State	Zip Code		57.50
Greensboro	NC	27407		n ID: 803cf4d5-206d-4ae0-9 sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07	16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		162785.49	Disbursement For 2014 Other	:
(a) SUBTOTAL of Itemized Independent Expenditu	res		•	67.10
(b) SUBTOTAL of Unitemized Independent Expend	litures		·· •	7 1 1 7 1 1 7
(c) TOTAL Independent Expenditures			<b>•</b>	7 1 7 1 7 1
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorize			
Ms. Emily Buchanan	[Electron	nically Filed] Date	e 07 18	
Signature				

Schedule E)	INI EXI ENL	TI OTILO	PAGE 26 OF 67 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼		
Women Speak Out PAC			C C00530766		
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on		
Full Name of Payee			Date of Public Distribution/Dissemination		
Dylan Simon			07		
Mailing Address 111 Millrock Drive			Amount		
City	State	Zip Code	51.67		
Lafayette	LA	70508	Transaction ID: 8181c631-39b3-4c9b-9 Date of Disbursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	07 16 / 2014		
Name of Federal Candidate		Support	Office Sought: House District:00		
Ms. Mary L Landrieu		X Oppose	President Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		58332.38	Disbursement For:  Primary  General 2014  Other (specify) ▶		
Full Name of Payee	<u> </u>		Date of Public Distribution/Dissemination		
Dylan Simon			07		
Mailing Address 111 Millrock Drive			Amount		
City	State	Zip Code	15.12		
Lafayette	LA	70508	Transaction ID: 0b8e9efb-6d52-49fa-9 Date of Disbursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	07 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate		Support	Office Sought: House District: 00		
Ms. Mary L Landrieu		X Oppose	President Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought	7	58332.38	Disbursement For:  Primary  General 2014  General Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures					
			7 7 7 7		
(b) SUBTOTAL of Unitermized Independent Expen	ditures		•		
(c) TOTAL Independent Expenditures			•		
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any candi party committee) any political party committee or i	idate or authorize				
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 18 2014		
3.9					

Sc	chedule E)		PAGE 27 OF 67 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
W	/omen Speak Out PAC		C C00530766
Che	eck if 24-hour report X 48-hour report New re	report Amends repor	t filed on
T	Full Name of Payee Dylan Simon		Date of Public Distribution/Dissemination
-	Mailing Address 111 Millrock Drive		07 16 2014  Amount
	Out		51.07
	City State Lafayette LA	Zip Code 70508	51.67  Transaction ID: dd335298-e5d1-4ae2-9  Data of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation  07  16  2014
ŀ	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	58332.38	Disbursement For:  Primary
	Full Name of Payee Dylan Simon		Date of Public Distribution/Dissemination
-	Mailing Address 111 Millrock Drive		07 16 2014  Amount
ŀ	City State	Zip Code	15.12
	Lafayette LA	70508	Transaction ID: 80335877-6b88-4c3e-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	07
I	Name of Federal Candidate	Support	Office Sought: House District: 00
-	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	58332.38	Disbursement For:  Primary  General   2014  General   Other (specify) ▶
(	(a) SUBTOTAL of Itemized Independent Expenditures		66.79
(	(b) SUBTOTAL of Unitemized Independent Expenditures		•
(	(c) TOTAL Independent Expenditures		<b>&gt;</b>
٧	Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electro	ronically Filed] Date	07 18 2014
	Signature		

Schedule E)	I EXI EIID	1101120		PAGE 28 OF 67 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEG	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Petrina Williams				
Mailing Address 3007 Darden Rd			Amount	16 2014
City	State	Zip Code		50.00
Greensboro	NC	27407		on ID: e0915d12-8e83-4213-9 isbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07	16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	162785.49	Disbursement Fo 2014 Other	r:
Full Name of Payee			Date of P	ublic Distribution/Dissemination
Petrina Williams			M N 07	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3007 Darden Rd			- 0.	.0 2011
			Amount	
City	State	Zip Code		8.40
Greensboro	NC	27407		on ID: 55c78372-81dc-4d22-9 hisbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07	16 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	162785.49	Disbursement For 2014 Other	or: Primary X General  · (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditur	9S		. •	58.40
(b) SUBTOTAL of Unitemized Independent Expendi	tures			7
(c) TOTAL Independent Expenditures			<b>•</b>	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		18 2014
Signature				

Schedul	e E)	I EXI END			PAGE 29 OF 67 FOR SE OF FORM 24/48
	COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Womei	n Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y D Y D Y
Full Na	ame of Payee a Burfield				Public Distribution/Dissemination
Mailing	Address 2939 Country Club Drive				7 16 2014
City Hamp	stead	State NC	Zip Code 28443		35.00 ction ID : 4dc23ec0-e4fd-4d68-b
Purpos Salary	se of Expenditure		Category/ Type 001	М	Disbursement or Obligation  The property of th
Name	of Federal Candidate		Support	Office Sought:	House District:00
Ms. Ka	ay Hagan		X Oppose	Presider	NC NC
	alendar Year-To-Date er Election for Office Sought	1	62785.49	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
Full Na Erika	ame of Payee a Burfield			M	Public Distribution/Dissemination  7
Mailing	g Address 2939 Country Club Drive			Amoun	
City		State	Zip Code		4.20
Hamp		NC	28443	Transac Date of	tion ID : bc9d9bdb-9dec-419a-b f Disbursement or Obligation
Milea	se of Expenditure ge		Category/ Type 002		07 16 Y Y Y Y Y
	of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Ka	ay Hagan		Oppose	Presider	nt Senate State: NC
	alendar Year-To-Date er Election for Office Sought		162785.49	Disbursement 2014 Oth	For: Primary
(a) SUE	STOTAL of Itemized Independent Expenditure	es		· []	39.20
(b) SUE	BTOTAL of Unitemized Independent Expendit	ures		. •	7
(c) TOT	TAL Independent Expenditures			· •	7
with, or	penalty of perjury I certify that the independent at the request or suggestion of, any candida emmittee) any political party committee or its	ite or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	07	18 2014
Signa	ature				

Sc	hedule E)	.XI EIIDI	101120				PAGE 30 OF 67 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC					С	C00530766
Che	eck if 24-hour report X 48-hour report	X New repo	ort Am	nends repo	ort filed on	M = M /	/ D = D / Y = Y = Y
T	Full Name of Payee Lesley Lennox				Date	e of Public	c Distribution/Dissemination
-	Mailing Address 2305 Cleary Ave					07	16 / 2014
	2305 Cleary Ave				Amo	ount	
	City Sta	tate	Zip Code				20.00
		LA	70001				ID: f4df22f6-96ed-4ee2-b ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		07	16 7 2014
	Name of Federal Candidate			Support	Office Sou	ght:	House District: 00
	Ms. Mary L Landrieu		X	Oppose	Pres	ident	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		58332.38		Disbursem 2014	ent For: Other (sp	Primary ☐ General Decify) ►
	Full Name of Payee				Dat	e of Publi	c Distribution/Dissemination
	Lesley Lennox					07	/ 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Mailing Address 2305 Cleary Ave						
					Am	ount	
ľ	City Sta	tate	Zip Code				1.50
		LA	70001		<b>Tran</b> Dat	saction II e of Disbu	D: 782e6742-98a0-4a84-9 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type			07 <sup>M</sup>	16 2014
	Name of Federal Candidate			Support	Office Sou	ght:	House District:00
	Ms. Mary L Landrieu		X	Oppose	Pres	ident	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		58332.3	.8	Disbursem 2014	ent For: Other (sp	Primary X General Decify) ▶
(	(a) SUBTOTAL of Itemized Independent Expenditures	***************************************			· •	-7-	21.50
(	(b) SUBTOTAL of Unitemized Independent Expenditures	·			•		114114
(	(c) TOTAL Independent Expenditures				•		
W	Under penalty of perjury I certify that the independent e vith, or at the request or suggestion of, any candidate or party committee) any political party committee or its ager	or authorized					
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	e 07	/ 18	/ Y Y Y Y Y 2014
	Signature		_				

Mailing Address 712 St. Martin Lane  City State Zip Code Bossier City LA 71111  Purpose of Expenditure Salary  Category/ Type 001  Name of Federal Candidate  Ms. Mary L Landrieu  Calendar Year-To-Date Per Flection for Office Sought  Disbursement For: Primary	PAGE 31 OF 67 FOR SE OF FORM 24/48					
Check if 24-hour report	BER ▼					
Check if 24-hour report						
Julie Clifton  Mailing Address 712 St. Martin Lane  City State Zip Code Bossier City LA 71111  Purpose of Expenditure Salary  Category/ Type 001  Name of Federal Candidate  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Disbursement For: Primary	Y					
Mailing Address 712 St. Martin Lane  City State Zip Code  Bossier City LA 71111  Purpose of Expenditure Salary Category/ Type 001  Name of Federal Candidate  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  State Zip Code  Transaction ID: e1b9d2c7-328b-4  Date of Disbursement or Obligation  Office Sought: House District:  Oppose President Senate State:  Disbursement For: Primary X 2014	Y Y					
Bossier City  Purpose of Expenditure Salary  Category/ Type  On  Office Sought:  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Date of Disbursement or Obligation  Office Sought:  House District:  Oppose  Disbursement For:  Primary  Office Sought  Disbursement For:  Primary  Office Sought  Disbursement For:  Primary  Office Sought  Disbursement For:  Oppose  Disburseme	4					
Bossier City  Purpose of Expenditure Salary  Category/ Type  On  Office Sought:  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Date of Disbursement or Obligation  Office Sought:  House District:  Oppose  Disbursement For:  Primary  Office Sought  Disbursement For:  Primary  Office Sought  Disbursement For:  Primary  Office Sought  Disbursement For:  Oppose  Disburseme	5.60					
Salary  Salary  Outer Grey Name of Federal Candidate  Name of Federal Candidate  Support  Office Sought:  House District:  Ms. Mary L Landrieu  Calendar Year-To-Date  Per Election for Office Sought  Senate State:  Disbursement For:  Primary  2014						
Ms. Mary L Landrieu    Support   Office Sought:   House   District:	4 Y					
Calendar Year-To-Date Per Election for Office Sought  58332.38  Disbursement For: Primary 2014	00					
Per Election for Office Sought 58332.38 2014	LA					
Other (specify) ▶	eneral					
	Y					
Mailing Address 712 St. Martin Lane  O7 16 20  Amount	4					
City State Zip Code	3.15					
Bossier City  LA 71111  Transaction ID: 01fb237c-9128-4f5 Date of Disbursement or Obligation	3-a					
Purpose of Expenditure Mileage  Category/ Type  002  07  16  7  20	4					
Name of Federal Candidate Support Office Sought: House District:	00					
Ms. Mary L Landrieu	LA					
Calendar Year-To-Date Per Election for Office Sought  Disbursement For: Primary ≥ 2014  Other (specify) ►	General					
(a) SUBTOTAL of Itemized Independent Expenditures	75					
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a party committee) any political party committee or its agent.						
Ms. Emily Buchanan  [Electronically Filed] Date 07 18 2014	olitical					

Sc	chedule E)	, T. C.		PAGE 32 OF 67 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC ID	ENTIFICATION NUMBER ▼
VV	omen Speak Out PAC		C	C00530766
Che	eck if 24-hour report X 48-hour report New report	Amends repor	t filed on	D = D / Y = Y = Y
T	Full Name of Payee Timothy Foley		M = M /	Distribution/Dissemination
-	Mailing Address 20679 Glenbrook Terrace		07 Amount	16 2014
ŀ	City State Zip	o Code		105.00
	Sterling VA 20	165		D: c027a873-228a-4344-8 rsement or Obligation
	Purpose of Expenditure Salary Ca	Category/ Type 001	07	16 / 2014
ı	Name of Federal Candidate	Support	Office Sought:	House District:00
	Ms. Kay Hagan	X Oppose		Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	785.49	Disbursement For: 2014 Other (sp	Primary
Ī	Full Name of Payee Andrew Shiver		Date of Public	Distribution/Dissemination  16
ľ	Mailing Address 110 Earlston Ct		Amount	
ŀ	City State Zip	o Code		50.00
	<b>3</b>	7545	Transaction ID  Date of Disbu	D: 2020187b-5afc-497f-8 ursement or Obligation
	Purpose of Expenditure Salary  Ca	Category/ Type 001	07	16 / 2014
	Name of Federal Candidate	Support	Office Sought:	House District:00
	Ms. Kay Hagan	Oppose		Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	162785.49	Disbursement For: 2014 Other (sp	Primary X General ecify) ▶
(	(a) SUBTOTAL of Itemized Independent Expenditures		•	155.00
(	(b) SUBTOTAL of Unitemized Independent Expenditures		<b>•</b>	1 42 1 42
(	(c) TOTAL Independent Expenditures		<b>&gt;</b>	
W	Under penalty of perjury I certify that the independent expenditures repwith, or at the request or suggestion of, any candidate or authorized corporty committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronicall	ly Filed] Date	07 / D = D	2014
	Signature			

	Siledule Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	neck if 24-hour report X 48-hour report New report Amends report filed	d on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Andrew Shiver	07 16 2014
	Mailing Address 110 Earlston Ct	Amount
	City State Zip Code	20.40
	Knightdale NC 27545	Transaction ID : bb9d6422-ed37-4794-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	07   D D   Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disb. 2014	ursement For: Primary X General
		U Other (specify) ▶
	Full Name of Payee Mr. Alex Peyton	Date of Public Distribution/Dissemination
	Mailing Address 859 Hicks Rd	07 16 2014 Amount
	City State Zip Code	40.00
	Washington LA 70589	Transaction ID : 0bd47542-b7fb-4a3a-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	07 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	ce Sought: House District:00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disk 201	oursement For: Primary General  Other (specify)   Other
	(a) SUBTOTAL of Itemized Independent Expenditures	60.40
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	(F) ( ' 11 F) 11	07 18 2014
	Signature	التنتا التا

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OF

<b>,</b>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	d on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
Mr. Alex Peyton	07 16 2014
Mailing Address 859 Hicks Rd	Amount
City State Zip Code	22.50
Washington LA 70589	Transaction ID : 095b3516-9e15-4afd-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	07
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disb. 2014	ursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Sarinda S Dudley	Date of Public Distribution/Dissemination  07 16 2014
Mailing Address 4367 Splitlog Rd	Amount
City State Zip Code	80.00
Goodman MO 64843	Transaction ID : 8cabe4ec-b04b-4ccb-a Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	07 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	ce Sought: House District: 00
Mr. Mark L Pryor Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought  Dist 201	oursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	102.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	07 18 2014
Signature	

PAGE

OF

Sch	hedule E)	- EXI END			PAGE 35 OF 67 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	eck if 24-hour report X 48-hour report	New repo	ort Amends re	eport filed o	on M = M / D = D / Y = Y = Y
T	Full Name of Payee Sarinda S Dudley				Date of Public Distribution/Dissemination
	Mailing Address 4367 Splitlog Rd				07 16 2014 Amount
	O'L.	01-1-	7:- Oada		27.00
	City Goodman	State MO	Zip Code 64843		27.90  Transaction ID: e6f79dd4-63dc-4c24-a  Date of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 00	02	07 16 2014
h	Name of Federal Candidate		Support	Office	Sought: House District: 00
	Mr. Mark L Pryor		X Oppose		President State: AR
	Calendar Year-To-Date Per Election for Office Sought		22570.83	Disburs 2014	sement For:  Primary
	Full Name of Payee Donna Barrette				Date of Public Distribution/Dissemination
	Mailing Address 724 Harris Avenue				07 16 2014 Amount
-	City	State	Zip Code		50.00
	Harahan	LA	70123	1	Transaction ID : a4cb908f-8927-475e-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 00	01	07 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ì	Name of Federal Candidate		Support	t Office	Sought: House District: 00
	Ms. Mary L Landrieu		X Oppose		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	, ,	58332.38	Disbur 2014	rsement For: Primary X General  Other (specify) ▶
(8	a) SUBTOTAL of Itemized Independent Expenditures	s		<b>&gt;</b>	77.90
(k	b) SUBTOTAL of Unitemized Independent Expenditu	ures		····· <b>&gt;</b>	
(0	c) TOTAL Independent Expenditures			······ <b>&gt;</b>	
W	Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed]	ate 07	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature				

Schedule E)	IVI EXI EIVE	ATOTILO	PAGE 36 OF 67 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Donna Barrette			07
Mailing Address 724 Harris Avenue			Amount
City	State	Zip Code	1.50
Harahan	LA	70123	Transaction ID : bbf4beb0-d344-429b-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 16 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	58332.38	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Alexa S Dudley			07 16 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4367 Splitlog Rd			Amount
City	State	Zip Code	80.00
Goodman	МО	64843	Transaction ID: bb53c597-cf47-4029-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	22570.83	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		81.50
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canding party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 18 2014
<del></del>			

Schedule E)		PAGE 37 OF 67 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New rep	port Amends report file	d on
Full Name of Payee Taylor N Randall		Date of Public Distribution/Dissemination
Mailing Address 2002 E Park Ave		07 16 2014  Amount
Apt 40		
City State Searcy AR	Zip Code 72143	60.00  Transaction ID : 738aff17-c85d-4b76-a  Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	ce Sought: House District: 00
Mr. Mark L Pryor	Oppose Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	22570.83 Disk 2014	oursement For: Primary
Full Name of Payee		Date of Public Distribution/Dissemination
Francesca Blom		07 16 2014
Mailing Address 101 Asbury Ct		Amount
City State	Zip Code	80.00
Winchester VA	22602	Transaction ID : fd3bb449-2a24-4ca2-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 16 7 2014
Name of Federal Candidate	Support Offic	ce Sought: House District: 00
Ms. Kay Hagan	Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	162785.49 Dist 201	oursement For: Primary General  Other (specify)   Other
(a) SUBTOTAL of Itemized Independent Expenditures	····	140.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
	,	7 7 7
(c) TOTAL Independent Expenditures	<b>&gt;</b>	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	• 11 17:1 17	07 18 2014
Signature	_	

Sc	hedule E)	IXI ENDI	TOTILO		PAGE 38 OF 67 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	eck if 24-hour report X 48-hour report	X New repo	ort Amends re	eport filed o	on
T	Full Name of Payee  James Antonetz				Date of Public Distribution/Dissemination
-	Mailing Address 11127 Gila Valley Dr				07 16 2014 Amount
-	City St	State	Zip Code		65.00
			72212		Transaction ID : 5ed73415-8a34-4f5d-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	1	Category/ Type 00	-	07 16 2014
Ì	Name of Federal Candidate		Support	Office	Sought: House District:00
	Mr. Mark L Pryor		X Oppose		President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		22570.83	Disburs 2014	sement For:  Primary
	Full Name of Payee James Antonetz				Date of Public Distribution/Dissemination  07 / 16 / 2014
	Mailing Address 11127 Gila Valley Dr				Amount
ľ	City	State	Zip Code		18.00
		AR	72212		Fransaction ID : c95bdbc3-ae15-4b13-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 00	)2	07 16 2014
Ì	Name of Federal Candidate		Support	Office	Sought: House District: 00
	Mr. Mark L Pryor		X Oppose		President State: AR State:
	Calendar Year-To-Date Per Election for Office Sought		22570.83	Disbur 2014	sement For: Primary
(	(a) SUBTOTAL of Itemized Independent Expenditures				83.00
(	(b) SUBTOTAL of Unitemized Independent Expenditures	s		····· <b>•</b>	
(	(c) TOTAL Independent Expenditures			······ <b>•</b>	
٧	Under penalty of perjury I certify that the independent exith, or at the request or suggestion of, any candidate coarty committee) any political party committee or its age	or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Da	ate 07	M / D D / Y D Y D Y D Y D Y D Y D Y D Y D
	Signature				

ooneduic Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
Cassidy Quartararo	07 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 632 Cameron Court	mount
City State Zip Code	50.00
Kenner LA 70065 Ti	ransaction ID : 1af6fae8-08d6-422b-9 late of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	07 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office So	ought: House District: 00
Ms Mary I Landrieu	esident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disburse 2014	ement For: Primary General
Full Name of Payee D	Other (specify)  Other (specify)  Other (specify)  Other (specify)
Cassidy Quartararo	07 16 2014
Mailing Address 632 Cameron Court	mount
City State Zip Code	8.46
	ansaction ID: 9191b59c-fcb4-4be5-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	07 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office So	ought: House District: 00
	resident State: LA
Calendar Year-To-Date Per Election for Office Sought  Disburse 2014	ement For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	58.46
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	18 2014
Signature	التنتا لتا ا

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OF

Schedule E)	INI EXI END	ITOTILO		PAGE 40 OF 67 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Mr. Roger McKinney			07	/ 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 308 West Main Street			Amount	
City	State	Zip Code		80.00
Pilot Mountian	NC	27041		ID: 2093b201-9acb-4c57-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07	16 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		162785.49	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Mr. Roger McKinney			07	16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 308 West Main Street			Amount	
City	State	Zip Code		14.43
Pilot Mountian	NC	27041		D : f804f8af-0ca2-432a-b oursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M M	16 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		162785.49	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expend	tures			94.43
			-	7 -
(b) SUBTOTAL of Unitemized Independent Expe	nditures		<b>)</b>	42 1 42 1
(c) TOTAL Independent Expenditures			<b>•</b>	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	07 / 18	2014
2. <del>0</del>				

	modulo E)	FOR SE OF FOR	M 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION N	UMBER ▼
۷۱	omen Speak Out PAC	C C00530766	
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y	Y   Y   Y
٦	Full Name of Payee	Date of Public Distribution/Disse	mination
	Glenda McKinney		2014
	Mailing Address 308 West Main Street	Amount	
	City State Zip Code		80.00
	Plot Mountain NC 27041	Transaction ID : 0f864563-3659 Date of Disbursement or Obliga	-4301-b
	Purpose of Expenditure Salary  Category/ Type 001		2014
	Name of Federal Candidate Support Office	Sought: House Distri	ct:00
	Ms. Kay Hagan Oppose	President X Senate Stat	NO
	Calendar Year-To-Date Per Election for Office Sought  Disbu 2014	_	General
		Other (specify)	
	Full Name of Payee Francis Richardson		Y   Y   Y
	Mailing Address 220 Doucet Rd	07 16 Amount	2014
	City State Zip Code		30.00
	Lafayette LA 70503	ransaction ID: 4456ef21-5df1- Date of Disbursement or Obliga	
	Purpose of Expenditure Salary  Category/ Type 001		2014
	Name of Federal Candidate Support Office	Sought: House Distri	ct:00
	Ms. Mary L Landrieu Oppose	President X Senate Sta	te: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	sement For: Primary  Other (specify) ▶	<b>G</b> eneral
	(a) SUBTOTAL of Itemized Independent Expenditures	1	10.00
	(b) SUBTOTAL of Unitemized Independent Expenditures		
	(c) TOTAL Independent Expenditures	7 7	450
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
	Signature		

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OF

Schedule E)	INDEL ENDERT EXTE	TOTAL CO	PAGE 42 OF 67 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	;		C C00530766
o	(0.1 X N	. 🗆 .	M = M - / D = D / Y = Y = Y
Check if 24-hour report	48-hour report New	report Amends repor	t filed on
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination  O7 16 2014
Mailing Address 220 Doucet Ro	1		Amount
City	State	Zip Code	2.43
Lafayette	LA	70503	Transaction ID: 477df23b-5929-46d4-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 16 / Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sou	ght	58332.38	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Rebecca Deucher			07 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4800 Vass 0	Carthage Rd		Amount
City	State	Zip Code	30.00
Carthage	NC	28394	Transaction ID : 09e846f9-4eca-49eb-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 16 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sou	ught	162785.49	Disbursement For:  Primary  General  2014  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Inde	nendent Expenditures		32.43
(a) CODITOTAL OF HOMEZON HINGO	portaciti Exportantiros		7 7 7
(b) SUBTOTAL of Unitemized In	dependent Expenditures		<b>&gt;</b>
(c) TOTAL Independent Expend	itures		<b>&gt;</b>
	stion of, any candidate or author		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Elect	tronically Filed] Date	07 18 2014
Signature			

Schedule E)	IN EXILING	TTOTILO		PAGE 43 OF 67 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	DIDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Rebecca Deucher			Date of Pu	ublic Distribution/Dissemination
Mailing Address 4800 Vass Carthage Rd			O7 Amount	16 2014
			Amount	
City	State	Zip Code		4.80
Carthage	NC	28394		on ID: 994a8e80-ff8d-4e42-a sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 07	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		162785.49	Disbursement For 2014 Other	r: Primary X General (specify) ▶
Full Name of Payee Bradley K Kissinger			Date of Pu	ublic Distribution/Dissemination
Mailing Address 3113 Imperial Valley Dr.			Amount	16 2014
City	State	Zip Code		30.00
Little Rock	AR	72212	Transactio Date of D	n ID : 4b583c24-a367-4aa6-b isbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		22570.83	Disbursement Fo 2014 Other	r: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	itures		<b>•</b> [ ]	34.80
(b) SUBTOTAL of Unitemized Independent Exper	nditures		· .	
(c) TOTAL Independent Expenditures			·	4 4 4
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any canoparty committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan	[Electroi	nically Filed] Date	e 07 1	8 2014
Signature				

······································	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	d on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Bradley K Kissinger	07 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3113 Imperial Valley Dr.	Amount
City State Zip Code	3.60
Little Rock AR 72212	Transaction ID: 8739d5c8-a929-46c5-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type 002	07 D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:00
Mr. Mark L Pryor Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought  Disbute 22570.83	ursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Brandy Starns	07 16 2014
Mailing Address 300 Evangeline St	Amount
City State Zip Code	30.00
Monroe LA 71201	Transaction ID : e29565fd-8f9f-4de2-b Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	07 16 7 2014
Name of Federal Candidate Support Offic	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	33.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	07 18 2014
Signature	

PAGE

OF

Schedule E)	VI EXIEND	TIONES	PAGE 45 OF 67 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Brandy Starns			07 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 300 Evangeline St			Amount
City	State	Zip Code	3.30
Monroe	LA	71201	Transaction ID: 804af981-1693-4e86-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 16 7 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	58332.38	Disbursement For:  Primary  General   2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Jeanne Tribou			07 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 22369 Ponderosa Dr.			Amount
City	State	Zip Code	30.00
Mandeville	LA	70471	Transaction ID : bf1dc6dd-2f05-454b-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	58332.38	Disbursement For:  Primary  ☐ General 2014  Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditu	res		. ▶ 33.30
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expend	itures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorize		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 18 2014
Jigilataio			

Sched	ule E)	. EXI EIID	1101120		PAGE 46 OF 67 FOR SE OF FORM 24/48
	F COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wom	en Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New repo	ort Amends rep	ort filed on	M = M / D = D / Y = Y = Y
		Z New Topo	7 mende rep	ort mod on	
Jea	Name of Payee anne Tribou				of Public Distribution/Dissemination
Mailii	ng Address 22369 Ponderosa Dr.			Amor	punt
City		State	Zip Code	$ \Gamma$	3.60
	deville	LA	70471		saction ID : 2e022323-ebef-43f7-9 e of Disbursement or Obligation
Purpo Mile	ose of Expenditure age		Category/ Type 002	<b>-</b> [	07
Nam	e of Federal Candidate		Support	Office Soug	ght: House District: 00
Ms.	Mary L Landrieu		X Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought	, , ,	58332.38	Disburseme 2014	ent For:  Primary
	Name of Payee			Date	e of Public Distribution/Dissemination
Da	nielle McCoy				07 16 2014
Maili	ng Address 1025 Cayley Ct				01 10 2014
	, ,			Amo	punt
City		State	Zip Code	— F	80.00
	n Point	NC	27260	Trans Date	saction ID : c772c63b-df2c-46ff-a e of Disbursement or Obligation
Purp Sala	ose of Expenditure ary		Category/ Type 001		07 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Nam	e of Federal Candidate		Support	Office Soug	ght: House District: 00
Ms.	Kay Hagan		X Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought	, , ,	162785.49	Disburseme 2014	ent For:
(a) SI	JBTOTAL of Itemized Independent Expenditure	s		··· <b>&gt;</b>	83.60
(b) SI	JBTOTAL of Unitemized Independent Expenditu	ures		·· • [	
(c) T(	OTAL Independent Expenditures			··· <b>·</b>	7 7 7
with, c	penalty of perjury I certify that the independe or at the request or suggestion of, any candidat committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Dat	e 07	18 2014
Sig	nature				

	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	n M = M / D = D / Y = Y = Y
	Date of Public Distribution/Dissemination
Danielle McCoy	07 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1025 Cayley Ct	Amount
City State Zip Code	21.30
High Point NC 27260	Transaction ID : 488eb6d1-4ef7-486a-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	07
Name of Federal Candidate Support Office S	Sought: House District:00
Ms Kay Hagan	President State: NC
Calendar Year-To-Date Per Election for Office Sought  Disburs 2014	sement For: Primary General  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Chris McCoy	07 16 2014
Mailing Address 1025 Cayley Ct	Amount
City State Zip Code	70.00
	ransaction ID : f5ca09b9-794c-42d6-b Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	07 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office 9	Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought  Disburs 2014	sement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	91.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

PAGE

OF

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼
Women Speak Out FAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	Di	ate of Public Distribution/Dissemination
Chris McCoy		07 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1025 Cayley Ct	A	mount
City Sta	ate Zip Code	19.20
g		ransaction ID : d3c3f813-e550-410b-8 ate of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	07 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office So	ought: House District: 00
Ms. Kay Hagan	X Oppose Pre	esident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disburse 2014	ment For:
Full Name of Payee  Jeffrey Hampton  Mailing Address 1700 E Part Ave		ate of Public Distribution/Dissemination  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	A	mount
<b>1</b> ′	ate Zip Code	75.00
		ansaction ID: 446b25ea-7a42-4ce7-8 late of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 / 16 / Y Y Y Y
Name of Federal Candidate	Support Office So	ought: House District: 00
Mr. Mark L Pryor	∑ Oppose Pr	esident Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	22570.83 Disburse 2014	ement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	·····	94.20
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its ager	r authorized committee or agent of either, or	
Ms. Emily Buchanan Signature	[Electronically Filed] Date 07	18 2014
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OF

		FOR SE OF FORM 24/48			
	OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
VVO	men Speak Out PAC	C C00530766			
Check	if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y			
	Ill Name of Payee Jeffrey Hampton	Date of Public Distribution/Dissemination			
	•	07 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
М	ailing Address 1700 E Part Ave	Amount			
Ci	ty State Zip Code	79.20			
	Searcy AR 72149	Transaction ID : edc8d3d0-abed-472b-a Date of Disbursement or Obligation			
	urpose of Expenditure dileage Category/ Type 002	07 16 7 2014			
Na	ame of Federal Candidate Support Office	Sought: House District: 00			
N	Ir. Mark L Pryor Oppose	President State: AR State:			
	Calendar Year-To-Date Per Election for Office Sought  Disbut 22570.83  Disbut 2014	orsement For: Primary			
F	All Name of Payee Reagan Brackett  ailing Address 502 E Center Ave	Date of Public Distribution/Dissemination  M M / 16 / 2014  Amount			
С	ity State Zip Code	60.00			
5	Searcy AR 72143	Transaction ID : f9f84aca-1bfe-46ee-a Date of Disbursement or Obligation			
	urpose of Expenditure Salary  Category/ Type  001	07 16 2014			
N	ame of Federal Candidate Support Office	e Sought: House District: 00			
M	fr. Mark L Pryor Oppose	President Senate State: AR			
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General  Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures					
(b)	SUBTOTAL of Unitemized Independent Expenditures				
(c)	TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
_	Ms. Emily Buchanan [Electronically Filed] Date	7 18 2014			
	Signature				

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OF

Schedul	e E)	1 L/11 Lite.	1101120		-	PAGE 50 OF 67 FOR SE OF FORM 24/48
	COMMITTEE (In Full)					ENTIFICATION NUMBER ▼
Wome	n Speak Out PAC				C	00530766
Check if	24-hour report X 48-hour report	New repo	ort Amends re	port filed on	M = M /	D = D / Y = Y = Y
Full Na	ame of Payee elia Brackett			Da	M M /	Distribution/Dissemination
Mailing	Address 804 Roundabout Circle			Ar	07 mount	16 2014
City		State	Zip Code	— г		60.00
Searc	у	AR	72143			0: 97ac444b-3b64-4c45-9 sement or Obligation
Purpos Salary	se of Expenditure		Category/ Type 00	-	07 /	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name	of Federal Candidate		Support	Office So	ouaht:	House District: 00
Mr. Ma	ark L Pryor		X Oppose		esident X	
	alendar Year-To-Date er Election for Office Sought		22570.83	Disburser 2014	ment For: [ Other (spe	Primary
Ame	ame of Payee Plia Brackett  g Address 804 Roundabout Circle			Di	ate of Public	Distribution/Dissemination  D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	004 Roundabout Circle			Aı	mount	
City Searc	cy	State AR	Zip Code 72143	Tra	insaction ID	78.00 : 4641461c-3f75-4983-a sement or Obligation
Purpos Milea	se of Expenditure ge		Category/ Type 00	-	07 Disbut	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name	of Federal Candidate		Support	Office Sc	ought:	House District:00
Mr. Ma	ark L Pryor		X Oppose	Pre	esident X	
	alendar Year-To-Date ler Election for Office Sought	, , ,	22570.83	Disburse 2014	ment For: Other (spe	Primary X General
(a) SUE	STOTAL of Itemized Independent Expenditure	·s		<b>.</b>	7	138.00
(b) SUE	BTOTAL of Unitemized Independent Expenditor	ures		···· •		
(c) TO1	FAL Independent Expenditures			····· <b>•</b>		
with, or	penalty of perjury I certify that the independe at the request or suggestion of, any candida ammittee) any political party committee or its	te or authorized				
	Ms. Emily Buchanan	[Electron	ically Filed] Da	ate 07	/ 18	/ Y = Y = Y = Y = 2014
Sign	ature					

							FOR SE OF	FORM 24/48
	IMITTEE (In Full)					FEC	IDENTIFICATION	ON NUMBER ▼
vvomen S	oeak Out PAC					С	C00530766	
Check if 2	I-hour report X 48-hour report	New repo	ort Am	nends repo	ort filed on	M = M	/ D D /	Y = Y = Y = Y
Full Name					Dat	e of Pub	lic Distribution/	Dissemination
Kenny						07 <sup>M</sup>	16	2014
Mailing Add	ress 6412 Osage Dr				Am	ount		
City		State	Zip Code					30.00
North Little		AR	72116				ID: 6e028f54- oursement or C	
Purpose of Salary	Expenditure		Category/ Type	001		M 07	16	2014
Name of Fe	deral Candidate			Support	Office Sou	ght:	House	District: 00
Mr. Mark L	Pryor		X	Oppose	Pres	ident	X Senate	State: AR
	ar Year-To-Date ection for Office Sought	7	22570.83		Disbursem 2014		Primary specify) ▶	X General
Full Name Kenny \	Vallis				Dat		olic Distribution/	Dissemination 2014
Mailing Add	ress 6412 Osage Dr				Am	ount		
City		State	Zip Code					11.79
North Little		AR	72116				<b>ID : 86a8b1fd-</b> loursement or C	
Purpose of Mileage	Expenditure		Category/ Type	002		07	16	2014
Name of F	ederal Candidate			Support	Office Sou	ight:	House	District: 00
Mr. Mark L	Pryor		X	Oppose	Pres	sident	X Senate	State: AR
	lar Year-To-Date ection for Office Sought	7 7	22570.8	3	Disbursem 2014		Primary	X General
(a) SUBTOTAL of Itemized Independent Expenditures								
(b) SUBTOT	<b>AL</b> of Unitemized Independent Expendit	ures			. •		7	
(c) TOTAL	ndependent Expenditures				•		7	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.								
Cionation	Ms. Emily Buchanan	[Electron	ically Filed]	Date	07	18	201	
Signature								

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	include Ly	FOR SE OF FORM 24/48			
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
V	Vomen Speak Out PAC	C C00530766			
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	d on Mam / Dab / Yayayay			
	Full Name of Payee	Date of Public Distribution/Dissemination			
	Lisa Booth	07 16 2014			
	Mailing Address 1434 South Avenue	Amount			
	City State Zip Code	90.00			
	Eden NC 27288	Transaction ID : 54f56ffb-acf9-4c89-b Date of Disbursement or Obligation			
	Purpose of Expenditure Salary  Category/ Type  001	07			
	Name of Federal Candidate Support Offic	e Sought: House District: 00			
	Ms. Kay Hagan Oppose	President State: NC			
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary X General			
	Tot Election for Office Godgitt	U Other (specify) ▶			
	Full Name of Payee Lisa Booth	Date of Public Distribution/Dissemination			
	Mailing Address 1434 South Avenue	07 16 2014 Amount			
	City State Zip Code	13.80			
	Eden NC 27288	Transaction ID : 774e4e79-6916-4bba-a Date of Disbursement or Obligation			
	Purpose of Expenditure Mileage  Category/ Type  002	07 16 2014			
	Name of Federal Candidate Support Offic	e Sought: House District: 00			
		President Senate State: NC			
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For: Primary X General  Other (specify) ▶			
	(a) SUBTOTAL of Itemized Independent Expenditures	103.80			
	(b) SUBTOTAL of Unitemized Independent Expenditures				
	(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
		07 18 2014			
	Signature	التنتا التا			

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· · · · ,		FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼			
Women Speak Out PAC		C C00530766			
Check if 24-hour report X 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y			
Full Name of Payee	D	Date of Public Distribution/Dissemination			
Tarrin Lesaicherre		07 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 629 Radiance Ave	A	mount			
City	te Zip Code	70.00			
Metairie L/	A 70001 T	ransaction ID : 49d8fca2-c321-4a35-9 Date of Disbursement or Obligation			
Purpose of Expenditure Salary	Category/ Type 001	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate	Support Office S	ought: House District: 00			
Ms. Mary L Landrieu	Oppose Pr	resident X Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought	58332.38 Disburse 2014	ement For: Primary			
Full Name of Payee Tarrin Lesaicherre		Date of Public Distribution/Dissemination			
Mailing Address 629 Radiance Ave	А	07 16 2014 Amount			
City Sta	te Zip Code	3.60			
Metairie L	A 70001 <b>Tr</b> .	ansaction ID: 77531e09-f41c-4323-b Date of Disbursement or Obligation			
Purpose of Expenditure Mileage	Category/ Type 002	07 16 7 2014			
Name of Federal Candidate	Support Office S	ought: House District: 00			
Ms. Mary L Landrieu	∑ Oppose Pr	resident X Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought	58332.38 Disburse 2014	ement For:			
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures.	·····	1 1 2 1 2 1			
(c) TOTAL Independent Expenditures	······				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan	[Electronically Filed] Date 07	18 2014			
Signature					

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OF

<b>,</b>	FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
Women Speak Out PAC	C C00530766				
Check if 24-hour report X 48-hour report New report Amends report filed	d on M = M / D = D / Y = Y = Y				
Full Name of Payee	Date of Public Distribution/Dissemination				
Diane Smith	07 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 4006 Wolkswalk Place	Amount				
City State Zip Code	30.00				
Raleigh NC 27610	Transaction ID : b75aa5f0-1540-4f68-8 Date of Disbursement or Obligation				
Purpose of Expenditure Salary  Category/ Type  001	07				
Name of Federal Candidate Support Office	e Sought: House District: 00				
Ms. Kay Hagan Oppose	President Senate State: NC				
Calendar Year-To-Date Per Election for Office Sought  Disb. 2014	oursement For: Primary				
Full Name of Payee					
Diane Smith	Date of Public Distribution/Dissemination  07 16 2014				
Mailing Address 4006 Wolkswalk Place	Amount				
City State Zip Code	9.30				
Raleigh NC 27610	Transaction ID : 6c8f1c4e-7037-40cf-a Date of Disbursement or Obligation				
Purpose of Expenditure Mileage  Category/ Type  002	07 16 2014				
Name of Federal Candidate Support Office	ce Sought: House District: 00				
Ms. Kay Hagan Oppose	President State: NC				
Calendar Year-To-Date Per Election for Office Sought  Dist 201	oursement For: Primary General  Other (specify)				
(a) SUBTOTAL of Itemized Independent Expenditures	39.30				
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan [Electronically Filed] Date	07 18 2014				
Signature					

PAGE

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Schedule E)	LIVI EXI EIVI	ON ONES	PAGE 55 OF 67 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼				
women Speak Out PAC	Vomen Speak Out PAC						
Check if 24-hour report X 48-hour report	X New re	port Amends repo	ort filed on				
Full Name of Payee			Date of Public Distribution/Dissemination				
Anthony Pearson			07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 112 apache Dr			Amount				
City	State	Zip Code	75.00				
Search	AR	72149	Transaction ID: 4557fe91-d0fb-4869-9 Date of Disbursement or Obligation				
Purpose of Expenditure Salary		Category/ Type 001	07 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate		Support	Office Sought: House District: 00				
Mr. Mark L Pryor		X Oppose	President Senate State: AR				
Calendar Year-To-Date Per Election for Office Sought		22570.83	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶				
Full Name of Payee			Date of Public Distribution/Dissemination				
Anthony Pearson			07 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 112 apache Dr			Amount				
City	State	Zip Code	37.50				
Search	AR	72149	Transaction ID : f30157a7-9a97-4c5a-a Date of Disbursement or Obligation				
Purpose of Expenditure Mileage		Category/ Type 002	07 16 7 2014				
Name of Federal Candidate		Support	Office Sought: House District: 00				
Mr. Mark L Pryor		Oppose	President Senate State: AR				
Calendar Year-To-Date Per Election for Office Sought	.,,	22570.83	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expen	ditures		. 112.50				
, , ,			7 7 7				
(b) SUBTOTAL of Unitemized Independent Exp	enditures		·				
(c) TOTAL Independent Expenditures			<b>•</b>				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 18 2014				
•							

Schedule E)		71101120	PAGE 56 OF FOR SE OF FORM 24/	67 /48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBI	ER ▼
Women Speak Out PA	3		C C00530766	
Check if 24-hour report	48-hour report New rep	port Amends repo	t filed on	/ TY
Full Name of Payee Melanie Slagle			Date of Public Distribution/Dissemina	ΥΥΥ
Mailing Address 77 Southridge	: Drive		07 16 2014  Amount	
City	State	Zip Code	10	0.00
Spruce Pine	NC	28777	Transaction ID : 4b644db5-f585-479  Date of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	07 / 16 / Y Y Y 1	
Name of Federal Candidate		Support	Office Sought: House District:	00
Ms. Kay Hagan		X Oppose	President Senate State:	NC
Calendar Year-To-Date Per Election for Office So	ught	162785.49	Disbursement For: ☐ Primary ☐ Ge 2014 ☐ Other (specify) ▶	eneral
Full Name of Payee Melanie Slagle  Mailing Address 77 Southrid	ge Drive		Date of Public Distribution/Dissemina  07  16  2014  Amount	Υ ¥ Y
City	State	Zip Code	4.	80
Spruce Pine	NC	28777	Transaction ID : 28adae15-d611-4d7f Date of Disbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	07 16 Y Y Y 14	
Name of Federal Candidate		Support	Office Sought: House District:	00
Ms. Kay Hagan		Oppose	President X Senate State:	NC
Calendar Year-To-Date Per Election for Office So	ught	162785.49	Disbursement For: ☐ Primary ☐ Ge 2014 ☐ Other (specify) ▶	eneral
(a) SUBTOTAL of Itemized Inde	ependent Expenditures		14.80	)
(b) SUBTOTAL of Unitemized I	ndependent Expenditures		·	
(c) TOTAL Independent Expend	ditures		·	
	stion of, any candidate or authorize		not made in cooperation, consultation, or consulted either, or (if the reporting entity is not a pole	
Ms. Emily Buchanan		nically Filed] Date	07 18 2014	
Signature				

Mailing Address 915 E Market Ave  City State Zip Code 72149  Purpose of Expenditure Salary Category/ Dopose President Senate State: AR 72149  Name of Federal Candidate Senate State: AR 72149  Tall Name of Payee Benjamin Hernandez  Mailing Address 915 E Market Ave  Disbursement For: Primary Gener Per Election for Office Sought Senate State: AR 72149  Date of Public Distribution/Dissemination of 16 / 2014  Amount Transaction ID: 45751cdc-79aa-4925-8 Date of Disbursement For: Office Sought Senate State: AR 72149  Date of Public Distribution/Dissemination of 16 / 2014  Amount Transaction ID: 0.53c751-1d1-492-9 Date of Public Distribution/Dissemination of 16 / 2014  Amount Transaction ID: 0.53c751-1d1-492-9 Date of Disbursement or Obligation of 16 / 2014  Amount Transaction ID: 0.53c751-1d1-492-9 Date of Disbursement or Obligation of 16 / 2014  Amount Transaction ID: 0.53c751-1d1-492-9 Date of Disbursement or Obligation of 16 / 2014  Amount Transaction ID: 0.53c751-1d1-492-9 Date of Disbursement or Obligation of 16 / 2014  Amount Transaction ID: 0.53c751-1d1-492-9 Date of Disbursement or Obligation of 16 / 2014  Amount Transaction ID: 0.53c751-1d1-492-9 Date of Disbursement or Obligation of 16 / 2014  Amount Transaction ID: 0.53c751-1d1-492-9 Date of Disbursement or Obligation of 16 / 2014  Amount Transaction ID: 0.53c751-1d1-492-9 Date of Disbursement or Obligation of 16 / 2014  Amount Transaction ID: 0.53c751-1d1-492-9 Date of Disbursement or Obligation of 16 / 2014  Amount Transaction ID: 0.53c751-1d1-492-9 Date of Disbursement or Obligation of 16 / 2014  Amount Transaction ID: 0.53c751-1d1-492-9 Date of Disbursement or Obligation of 16 / 2014  Amount Transaction ID: 0.53c751-1d1-492-9 Date of Disbursement or Obligation of 16 / 2014  Amount Transaction ID: 0.53c751-1d1-492-9 Date of Disbursement or Obligation of 16 / 2014  Amount Transaction ID: 0.53c751-1d1-492-9 Date of Disbursement or Obligation of 16 / 2014  Amount Transaction ID: 0.53c751-1d1-492-9 Date of Disbursement or Obligation of 16 / 2014  Amount Tran		include L)	F	OR SE OF FORM 24/48		
Check if 24-hour report  48-hour report  New report  Amends report filled on			FEC IDEN	NTIFICATION NUMBER ▼		
Full Name of Payee Benjamin Hernandez  Mailing Address 915 E Market Ave  City State Zip Code AR 72149  Purpose of Expenditure Sidary  Name of Federal Candidate  Mr. Mark L Pryor  Calendar Year-To-Date Penjamin Hernandez  Mailing Address 915 E Market Ave  Calendar Wash To-Date Penjamin Hernandez  Mailing Address 915 E Market Ave  Calendar Wash To-Date Pensident Senate State AR  Calendar Wash To-Date Senate State AR  Calendar Wash Senate	۷۱	romen Speak Out PAC	C co	00530766		
Benjamin Hernandez  Mailing Address 915 E Market Ave  Amount  City Siste Zip Code Searcy AR 72149  Purpose of Expenditure Salary  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Benjamin Hernandez  Mailing Address 915 E Market Ave  Disbursement or Obligation  Full Name of Peyee Benjamin Hernandez  Mailing Address 915 E Market Ave  Disbursement For: 2014  Other (specify)  Transaction ID: 48751cdc-79aa-4925-8 Date of Disbursement or Obligation  Transaction ID: 48751cdc-79aa-4925-8 Date of Dis	Ch	eck if 24-hour report X 48-hour report New report Amends report filed		D = D / Y = Y = Y		
Mailing Address 915 E Market Ave  City State Zip Code 73.00 Searcy AR 72149  Purpose of Expenditure Solary Office Sought President Senate State: AR Per Election for Office Sought Purpose of Expenditure Senate State: AR Per Election for Office Sought President Senate State: AR Proprose of Expenditure Senate State: AR Per Election for Office Sought President Senate State: AR Per Election for Office Sought President Senate State: AR Per Election for Office Sought President Senate State: AR Proprose of Expenditure Senate State: AR Proprose of Expenditure Mailing Address 915 E Market Ave  City State Zip Code 72.149  Name of Payee Benjamin Hernandez  Mailing Address 915 E Market Ave  City State Zip Code 72.149  Name of Federal Candidate Senate State: AR Purpose of Expenditure Mileage Category October President Senate State: AR Proprose of Expenditure Senate State: AR Proprose of Expenditure Senate State: AR President Senate State: AR President Senate State: AR President Senate State: AR Proprose of Expenditure Senate State: AR President Senate State: AR Proprose Oppose O	٦		Date of Public D	Distribution/Dissemination		
City State Zip Code Searcy AR 72149  Purpose of Expenditure Salary Category/ Salary Oppose  Mr. Mark L Pryor Sonate State: AR  Calendar Year-To-Date Purpose of Expenditure  Support Sonate State: AR  Calendar Year-To-Date Purpose of Expenditure  Support Office Sought: House District: 00 President Sonate State: AR  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Benjamin Hernandez  Mailing Address 915 E Market Ave  Name of Federal Candidate Mileage Category/ Name of Federal Candidate Mileage Searcy AR 72149  Purpose of Expenditure Mileage Category/ Name of Federal Candidate Mr. Mark L Pryor Oppose  President Senate State: AR  Calendar Year-To-Date President Senate State: AR  Calendar Year-To-Date Per Election for Office Sought  Name of Federal Candidate Mr. Mark L Pryor Oppose  President Senate State: AR  Calendar Year-To-Date Per Election for Office Sought  Amount  107 16 2014  Amount  108 2014  Amount  109 16 2014  109 16 2014  109 16 2014  109 16 2014  109 16 2014  109 16 2014  109 16 2014  109 16 2014  109 16 2014  109 16 2014  109 16 2014  109 16 2014  109		, and the second				
Purpose of Expenditure Salary    Category		Mailing Address 915 E Market Ave	Amount			
Purpose of Expenditure Salary    Category		City State Zip Code		73.00		
Purpose of Expenditure Salary  Name of Federal Candidate  Mailing Address Searcy AR  Purpose of Expenditure Support Mileage  Category/ Type  Oppose  President Senate State: AR  Disbursement For: Primary Gener 2014  Other (specify)  Transaction ID: 0c53c751-1d11-433e-9 Date of Public Distribution/Dissemination  Transaction ID: 0c53c751-1d11-433e-9 Date of Disbursement For: Primary Gener 2014  Amount  City State Zip Code Transaction ID: 0c53c751-1d11-433e-9 Date of Disbursement For: Transaction ID: 0c53c751-1d11-433e-9 Date of Disbursement or Obligation  Office Sought:  Name of Federal Candidate Mileage  Category/ Mileage  Category/ Oppose  President Senate State: AR  Category/ Office Sought House Disbursement For: Primary Gener 2014  Other (specify)  Transaction ID: 0c53c751-1d11-433e-9 Date of Disbursement or Obligation  Office Sought: House Disbursement For: Primary Gener 2014  Other (specify)  Transaction ID: 0c53c751-1d11-433e-9 Date of Disbursement For: Office Sought: House Disbursement For: Primary Gener 2014  Other (specify)  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concer with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Benjamin Hernandez  Mailing Address 915 E Market Ave  City State Zip Code Searcy AR 72149  Purpose of Expenditure Mileage  Category/ Type  Calendar Year-To-Date Per Election for Office Sought  City State Zip Code Mileage  Category/ Type  Category/ Type  Category/ Type  Calendar Year-To-Date Per Election for Office Sought  Calendar Y		Salary Category/	M = M /	D D / Y Y Y Y		
Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Benjamin Hernandez  Mailing Address 915 E Market Ave  City State Zip Code AR 72149  Purpose of Expenditure Mileage  Category/ Type  Calendar Year-To-Date Per Election for Office Sought  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-T		Name of Federal Candidate Support Office	Sought:	House District:00		
Per Election for Office Sought    Per Election for Office Sought   22570.83   2014   Other (specify)   22570.83		Mr. Mark I. Pryor		Senate State: AR		
Full Name of Payee Benjamin Hernandez  Mailing Address 915 E Market Ave  City State Zip Code Searcy AR 72149  Purpose of Expenditure Mileage  Category/ Type 002  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  Category/ Type 002  Date of Public Distribution/Dissemination  Amount  Transaction ID: 0c53c751-1d11-493e-9 Date of Disbursement or Obligation  President Search AR  Calendar Year-To-Date Per Election for Office Sought  Disbursement For: Primary Gener 2014  Other (specify)   (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  (c) TOTAL Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concerwith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		00570.00				
Benjamin Hernandez  Mailing Address 915 E Market Ave  City State Zip Code AR 72149  Purpose of Expenditure Mileage  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concer with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		Full Name of Payee				
Mailing Address 915 E Market Ave  City State Zip Code 772149  Purpose of Expenditure Mileage  Purpose of Expenditure Mileage  Name of Federal Candidate  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concer with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	1		M = M /	D D / Y Y Y Y		
Searcy  AR  72149  Transaction ID: 0c53c751-1d11-493e-9 Date of Disbursement or Obligation  Purpose of Expenditure Mileage  Category/ Type  O02  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Category/ Type  O02  Transaction ID: 0c53c751-1d11-493e-9 Date of Disbursement or Obligation  MoT  Table  Transaction ID: 0c53c751-1d11-493e-9 Date of Disbursement or Obligation  MoT  Table  Transaction ID: 0c53c751-1d11-493e-9 Date of Disbursement or Obligation  MoT  Table  Transaction ID: 0c53c751-1d11-493e-9 Date of Disbursement or Obligation  MoT  Table  Transaction ID: 0c53c751-1d11-493e-9 Date of Disbursement or Obligation  MoT  Table  Transaction ID: 0c53c751-1d11-493e-9 Date of Disbursement or Obligation  MoT  Table  Table  Transaction ID: 0c53c751-1d11-493e-9 Date of Disbursement or Obligation  MoT  Table  Table  Transaction ID: 0c53c751-1d11-493e-9 Date of Disbursement or Obligation  MoT  Table  Table  Table  Transaction ID: 0c53c751-1d11-493e-9 Date of Disbursement or Obligation  MoT  Table  Table  Table  Transaction ID: 0c53c751-1d11-493e-9 Date of Disbursement or Obligation  MoT  Table  Table  Table  Transaction ID: 0c53c751-1d11-493e-9 Date of Disbursement or Obligation  MoT  Table  Total  Table  Table  Table  Total  Table  Table  Total  Table  Total  Table  Table  Table  Total  Table  Table  Total  Table  Total  Table  Total  Table  Tabl		Mailing Address 915 E Market Ave	النا	2014		
Purpose of Expenditure Mileage  Category/ Mileage  Category/ Type  O02  Date of Disbursement or Obligation  Mo7 / 16 / 2014  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Of	1	City State Zip Code		37.50		
Purpose of Expenditure  Mileage    Name of Federal Candidate	1	Searcy AR 72149				
Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures		Mileage Category/ 002	M = M /	D D / Y Y Y Y		
Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures	1	Name of Federal Candidate Support Office	Sought:	House District: 00		
Per Election for Office Sought  22570.83  2014  Other (specify) ▶  (a) SUBTOTAL of Itemized Independent Expenditures		Mr. Mark L Pryor Oppose	President X	Senate State: AR		
(c) TOTAL Independent Expenditures		2014				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concer with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	(a) SUBTOTAL of Itemized Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concer with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		(b) SUBTOTAL of Unitemized Independent Expenditures		149-11-15-1		
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		(c) TOTAL Independent Expenditures	7	7 1 2		
Ms. Emily Buchanan	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
[Electronically Filed] Date 07 18 2014		[El - +		2014		
Signature		<u> </u>				

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OF

Schedule E)	JENT EXILIND	TIONES	PAGE 58 OF 67 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼		
Women Speak Out PAC			C C00530766		
Check if 24-hour report X 48-hour repor	New rep	port Amends repo	rt filed on		
Full Name of Payee			Date of Public Distribution/Dissemination		
Steven Jean			07		
Mailing Address 2012 Harrison Ave			Amount		
City	State	Zip Code	50.00		
Winston Salem	NC	27105	Transaction ID : 53d2b22b-aba5-417c-b Date of Disbursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	07 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate		Support	Office Sought: House District:00		
Ms. Kay Hagan		X Oppose	President Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		162785.49	Disbursement For:		
Full Name of Payee			Date of Public Distribution/Dissemination		
Steven Jean			07		
Mailing Address 2012 Harrison Ave			Amount		
City	State	Zip Code	12.00		
Winston Salem	NC	27105	Transaction ID : 4c68c9cd-e8fe-4cc7-b Date of Disbursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	07 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate		Support	Office Sought: House District:00		
Ms. Kay Hagan		X Oppose	President Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		162785.49	Disbursement For:  Primary  General  General  Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•		
(c) TOTAL Independent Expenditures			<b>&gt;</b>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 18 2014		
Jigilatule					

Schedule E)	LIVI EXI EIVI	DITOTILO	PAGE 59 OF 67 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼				
women Speak Out PAC	Vomen Speak Out PAC  C c00530766						
Check if 24-hour report X 48-hour report	New re	eport Amends repo	ort filed on				
Full Name of Payee Tammay Williams			Date of Public Distribution/Dissemination				
Mailing Address 924 N. Prieur St			07				
011		7: 0 1					
City New Orleans	State LA	Zip Code 70116	80.00  Transaction ID : 3c47909c-5b83-4eb9-b  Date of Disbursement or Obligation				
Purpose of Expenditure Salary		Category/ Type 001	07   16   2014				
Name of Federal Candidate		Support	Office Sought: House District: 00				
Ms. Mary L Landrieu		X Oppose	President Senate State: LA				
Calendar Year-To-Date Per Election for Office Sought	-, -,	58332.38	Disbursement For:  Primary  General 2014  Other (specify) ▶				
Full Name of Payee Tammay Williams			Date of Public Distribution/Dissemination				
Mailing Address 924 N. Prieur St			07 16 2014				
			Amount				
City	State	Zip Code	15.00				
New Orleans  Purpose of Expenditure	LA	70116	Transaction ID: b37cdb9b-f4cb-4756-8  Date of Disbursement or Obligation				
Mileage		Category/ Type 002	07 16 7 2014				
Name of Federal Candidate		Support	Office Sought: House District: 00				
Ms. Mary L Landrieu		X Oppose	President Senate State: LA				
Calendar Year-To-Date Per Election for Office Sought	-,,	58332.38	Disbursement For:  Primary  General 2014  Gther (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expend	itures		95.00				
(b) SUBTOTAL of Unitemized Independent Expenditures							
(,,			7 7				
(c) TOTAL Independent Expenditures			<b>•</b>				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	9 07 18 2014				
Signature							

Schedule E)		TI OTILO	PAGE 60 OF 67 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼				
women Speak Out PAC	Vomen Speak Out PAC  C c00530766						
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on				
Full Name of Payee			Date of Public Distribution/Dissemination				
Saige Anderson			07				
Mailing Address PO Box 424			Amount				
City	State	Zip Code	17.00				
Searcy	AR	72145	Transaction ID: 96840695-18ee-4c61-8 Date of Disbursement or Obligation				
Purpose of Expenditure Salary		Category/ Type 001	07				
Name of Federal Candidate		Support	Office Sought: House District: 00				
Mr. Mark L Pryor		X Oppose	President Senate State: AR				
Calendar Year-To-Date Per Election for Office Sought		22570.83	Disbursement For:				
Full Name of Payee			Date of Public Distribution/Dissemination				
Saige Anderson			07				
Mailing Address PO Box 424			Amount				
City	State	Zip Code	91.26				
Searcy	AR	72145	Transaction ID: 12e90a72-d554-4aa9-8 Date of Disbursement or Obligation				
Purpose of Expenditure Mileage		Category/ Type 002	07 / 16 / Y Y Y Y Y Y Y				
Name of Federal Candidate		Support	Office Sought: House District:00				
Mr. Mark L Pryor		X Oppose	President Senate State: AR				
Calendar Year-To-Date Per Election for Office Sought		22570.83	Disbursement For:  Primary  General 2014  General Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expendi	tures		108.26				
(b) SUBTOTAL of Unitemized Independent Exper	nditures		· •				
(c) TOTAL Independent Expenditures			·				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
3.9							

Schedule E)	PAGE 61 OF 67 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
Women Speak Out PAC	C C00530766			
Check if 24-hour report X 48-hour report New report Ame	ends report filed on Man / Dad / Yayayay			
Full Name of Payee Laura U Logie	Date of Public Distribution/Dissemination			
Mailing Address 2565 Shire Circle	07 16 2014 Amount			
000	40.00			
City State Zip Code Harrisonburg VA 22801	10.00  Transaction ID : aa0e8f95-b412-41ec-8  Date of Disbursement or Obligation			
Purpose of Expenditure Salary  Category/ Type	001 07 16 2014			
Name of Federal Candidate	Support Office Sought: House District: 00			
Ma Kasalla saa	Oppose President Senate State: NC			
Calendar Year-To-Date Per Election for Office Sought 162785.49	Disbursement For: Primary ☐ General 2014 Other (specify) ▶			
Full Name of Payee Laura U Logie  Mailing Address 2565 Shire Circle	Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Malling Address 2565 Shire Circle	Amount			
City State Zip Code	10.00			
Harrisonburg VA 22801	Transaction ID: 7506456d-ec41-4a28-8 Date of Disbursement or Obligation			
Purpose of Expenditure Salary  Category/ Type	001 07 16 7 2014			
Name of Federal Candidate S	Support Office Sought: House District: 00			
Ms. Kay Hagan	Oppose President Senate State: NC			
Calendar Year-To-Date Per Election for Office Sought  162785.49	Disbursement For: Primary ☐ General 2014 Other (specify) ►			
(a) SUBTOTAL of Itemized Independent Expenditures	20.00			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	······································			
Under penalty of perjury I certify that the independent expenditures reported here with, or at the request or suggestion of, any candidate or authorized committee or party committee) any political party committee or its agent.				
Ms. Emily Buchanan [Electronically Filed]	Date 07 18 2014			
Signature				

	modulo E)			FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۱	omen Speak Out PAC		С	C00530766	
Che	eck if 24-hour report X 48-hour report New report Amends report filed	on M	M	/ D = D /	Y = Y = Y
	Full Name of Payee	Date (	of Pub	lic Distribution	/Dissemination
	Earl Stewart	M	07 <sup>M</sup>	16	2014
	Mailing Address 9455 Snow Camp Road	Amou	nt		
	City State Zip Code				60.00
	Snowcamp NC 27349			ID: 1633a34a oursement or (	
	Purpose of Expenditure Salary  Category/ Type 001		07	16	2014
	Name of Federal Candidate Support Office	Sough	ıt:	House	District: 00
	Ms. Kay Hagan	Preside		Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	irsemen		Primary	General
ŀ				specify)	(5)
	Full Name of Payee Earl Stewart		и – м	/ D D /	/Dissemination
	Mailing Address 9455 Snow Camp Road	Amou	07 int	16	2014
	City State Zip Code	Т.			8.40
	Snowcamp NC 27349			ID: cfd63a4f-2	
	Purpose of Expenditure Mileage  Category/ Type  002	T.	07	16	2014
	Name of Federal Candidate Support Office	Sough	nt:	House	District: 00
		Presid		X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014			Primary	/ X General
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures					
-	(c) TOTAL Independent Expenditures			7	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
	Ms. Emily Buchanan [Electronically Filed] Date	7 /	18	D / Y Y 201	Y Y   Y
	Signature				

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OF

				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
Robin L Bennett				07 16 2014
Mailing Address 3505 Beaumont St  Apt 13D			Amo	unt
City	State	Zip Code	— F	20.00
Neosho	MO	64850		saction ID : 6c2b4115-fbbd-419c-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		07 16 7 2014
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
Mr. Mark L Pryor		Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought		22570.83	Disburseme	nt For:
Full Name of Payee				
Robin L Bennett			Date	of Public Distribution/Dissemination  07 16 2014
Mailing Address 3505 Beaumont St  Apt 13D			Amo	
City	State	Zip Code	$ \Gamma$	33.00
Neosho	MO	64850		caction ID : ca92ab74-b6cd-45dc-9 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		07 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
Mr. Mark L Pryor		X Oppose	Presi	dent State: AR State:
Calendar Year-To-Date Per Election for Office Sought	, , ,	22570.83	Disburseme 2014	ent For:  Primary
(a) SUBTOTAL of Itemized Independent Expendit	ures		•	53.00
(b) SUBTOTAL of Unitemized Independent Expen	ditures		· •	7 7
(c) TOTAL Independent Expenditures			· ·	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan	[Electron	nically Filed] Date	e 07	18 2014
Signature				

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OF

Schedule E)	AFENDITORES	PAGE 64 OF 67 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼			
Women Speak Out PAC		C C00530766			
Check if 24-hour report X 48-hour report	New report Amends report	filed on			
Full Name of Payee Caleb Craig		Date of Public Distribution/Dissemination			
Mailing Address 1410 Bushville drive		07 16 2014			
		Amount			
City	Zip Code	50.00			
Lenoir NC	28645	Transaction ID : e5ad7f72-ae4d-4590-a Date of Disbursement or Obligation			
Purpose of Expenditure Salary	Category/ Type 001	07 / 16 / Y Y Y Y Y Y			
Name of Federal Candidate	Support	Office Sought: House District:00			
Ms. Kay Hagan	Oppose	President Senate State: NC			
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary X General  2014 Other (specify) ▶			
Full Name of Payee		Date of Public Distribution/Dissemination			
Caleb Craig		07 16 2014			
Mailing Address 1410 Bushville drive		Amount			
City State	e Zip Code	6.00			
Lenoir NC	·	Transaction ID : 0fdac85a-c463-4162-9 Date of Disbursement or Obligation			
Purpose of Expenditure Mileage	Category/ Type 002	07 16 / Y Y Y Y Y Y			
Name of Federal Candidate	Support	Office Sought: House District:00			
Ms. Kay Hagan	X Oppose	President Senate State: NC			
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures		56.00			
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures		<b>•</b>			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan	[Electronically Filed] Date	07 18 2014			
Signature					

	icadic Ly	FOR SE OF FORM 24/48		
	E OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
VVC	omen Speak Out PAC	C C00530766		
Chec	ck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y		
	Full Name of Payee	Date of Public Distribution/Dissemination		
	Casey Stockton	07 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
N	Mailing Address 105 South Dale St	Amount		
	City State Zip Code	70.00		
	Spruce Pine NC 28777	Transaction ID: 2bb2b150-78ad-4d98-a Date of Disbursement or Obligation		
	Purpose of Expenditure Salary  Category/ Type  001	07 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
1	Name of Federal Candidate Support Office	e Sought: House District: 00		
	Ms. Kay Hagan Oppose	President State: NC		
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General		
┝		Other (specify) -		
	Full Name of Payee  Casey Stockton	Date of Public Distribution/Dissemination		
1	Mailing Address 105 South Dale St	07 16 2014		
Т		Amount		
(	City State Zip Code	20.10		
	Spruce Pine NC 28777	Transaction ID: 779fe4c7-41d2-40e6-a Date of Disbursement or Obligation		
	Purpose of Expenditure Mileage  Category/ Type  002	07		
1	Name of Federal Candidate Support Office	e Sought: House District: 00		
		President State: NC		
l	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For: Primary X General Other (specify) ▶		
(a	) SUBTOTAL of Itemized Independent Expenditures	90.10		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(с	) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
	Ms. Emily Buchanan  [Electronically Filed] Date	7 18 2014		
	Signature			

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Sch	edule E)	1 <b>L</b> /(1 <b>L</b> /(2)	1101120		PAGE 66 OF 67 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC				C C00530766
Check	k if 24-hour report X 48-hour report	New repo	oort Amends repo	ort filed on	M / D D / Y Y Y Y Y
	ull Name of Payee Mary Johnson				f Public Distribution/Dissemination
M	failing Address 105 South Dale St			Amour	07 16 2014
	city	State	Zip Code		70.00
	Spruce Pine	NC	28777		action ID: 907a8329-9a14-41d9-9  f Disbursement or Obligation
	urpose of Expenditure Salary		Category/ Type 001	М	07
N	lame of Federal Candidate		Support	Office Sought	: House District:00
N	Ms. Kay Hagan		X Oppose	Preside	nt Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	1	162785.49	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
'	Full Name of Payee Lee R Carter  Mailing Address 3110 Brentwood Rd			M	of Public Distribution/Dissemination
'`	3110 Brentwood Rd			Amour	nt
С	City	State	Zip Code		15.00
	Raleigh	NC	27604	Transac Date o	ction ID: 48283d90-ee42-4098-9 of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001	M	07 16 7 2014
	lame of Federal Candidate		Support	Office Sought	t: House District: 00
N	Ms. Kay Hagan		X Oppose	Preside	ent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	7 7	162785.49	Disbursement 2014 Ot	t For: Primary X General ther (specify) ▶
(a)	SUBTOTAL of Itemized Independent Expenditure	es		· [	85.00
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c)	TOTAL Independent Expenditures			<b>•</b>	
witl	der penalty of perjury I certify that the independe h, or at the request or suggestion of, any candida rty committee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	9 07	18 2014
	Signature				

	FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
Women Speak Out PAC	C C00530766		
Check if 24-hour report X 48-hour report New report Ame	nds report filed on M M M / D D / Y Y Y Y Y		
Full Name of Payee	Date of Public Distribution/Dissemination		
Lee R Carter	07 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 3110 Brentwood Rd	Amount		
City State Zip Code	15.60		
Raleigh NC 27604	Transaction ID : 36ba11d1-666f-4faa-8 Date of Disbursement or Obligation		
Purpose of Expenditure Mileage  Category/ Type	002 07 16 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate	upport Office Sought: House District: 00		
Ma Kaullana	ppose President X Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 162785.49	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶		
Full Name of Payee	Date of Public Distribution/Dissemination		
Tull Name of Fayee	M M / D D / Y Y Y Y		
Mailing Address	Amount		
City State Zip Code			
	Date of Disbursement or Obligation		
Purpose of Expenditure Category/ Type	M M / D D / Y Y Y Y		
Name of Federal Candidate	. 0		
	ppose President Senate State:		
Calendar Year-To-Date	Disbursement For: Primary General		
Per Election for Office Sought	Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			
(b) SUBTOTAL of Unitemized Independent Expenditures	······································		
(c) TOTAL Independent Expenditures	4423.35		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan [Electronically Filed]	Date 07 18 2014		
Signature			

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